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efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493312034837 OMB No 1545-0047 **Return of Organization Exempt From Income Tax** Form **990**

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

2016

Open to Public

Department of the Treasury

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

| iterna | l Reve | enue Service | T Indiniation as | | 777 17.0 gov, 1011 | 11220 | | Inspection |
|---------------|----------------|-------------------|---|--|---------------------|----------------------------|-------------------|----------------------|
| F | or th | e 2016 c | | ginning 07-01-2016 , and ending 06 | i-30-2017 | | | |
| | | pplicable | C Name of organization THE FOUNDATION FOR A CHRIST | TAN | | D Employ | er identif | ıcatıon number |
| | dress me ch | change | CIVILIZATION INC | | | 23-732 | 5778 | |
| | tial re | - | Doing business as | FDC FATMA | | - | | |
| Fin | | minated | THE AMERICAN TFP AMERICA NEE | | | F Telephor | ne number | |
| | | d return | Number and street (or P O box if PO BOX 787 | F mail is not delivered to street address) Room | ı/suite | | | |
| ⊐ Ар | plicati | on pending | City or town state or province or | ountry, and ZIP or foreign postal code | | (785) 5 | 84-1112 | |
| | | | ROSSVILLE, KS 665330787 | ountry, and 21F or foreign postar code | | G Gross re | ceipts \$ 1 | 3 497 669 |
| | | | F Name and address of princi | inal officer | H(a) Takh | | • • | |
| | | | RAYMOND E DRAKE | par omeer | | is a group re rdinates? | turn for | □Yes ☑ No |
| | | | PO BOX 787 ROSSVILLE, KS 665330787 | | H(b) Are a | all subordina | tes | ☐ Yes ☐No |
| Tax | x-exer | mpt status | · | ◀ (Insert no) | includ | | list (see | |
| \A/ | obcit | tou & TED | ORG, ANF ORG, TFPSTUDENTA | | | o, attach a p exemption | • | instructions) ▶ |
| VV | ebsii | le:► IFF | ORG, ANT ORG, ITPSTODENTA | ACTION ORG | 3100 | p exemption | Hamber | |
| Forn | n of o | rganization | ✓ Corporation ☐ Trust ☐ As | ssociation Other ► | L Year of form | nation 1973 | M State | of legal domicile NY |
| | | | | | | | | |
| Pa | rt I | | mary | | | | | |
| | | | scribe the organization's mission | n or most significant activities CIVILIZATION BY DEFENDING THE PRIN | ICIDLES OF TRAI | DITION FAM | | DDODEDTY TO |
| | : | SPREAD T | HE MESSAGE OF OUR LADY OF | FATIMA THROUGHOUT AMERICA FOR T | | | | |
| 2 | ! | PUBLIC SC | QUARE ROSARY RALLIES FOR A | MERICA IN OCTOBER, 2016 | | | | |
| Ē | - | | | | | | | |
| | : | | | | | | | |
| 3 | 2 | Check thi | is box $\blacktriangleright \Box$ if the organization | discontinued its operations or disposed o | of more than 25% | % of its net a | ssets | |
| ಶ | | | | ning body (Part VI, line 1a) | | | 3 | 7 |
| r L | 4 | Number o | of independent voting members | of the governing body (Part VI, line 1b) | | | 4 | 1 |
| Ĕ | 5 | Total nun | nber of individuals employed in | calendar year 2016 (Part V, line 2a) . | | | 5 | 100 |
| Į | 6 | Total nun | nber of volunteers (estimate if r | necessary) | | | 6 | 30 |
| | 7a | Total unr | elated business revenue from Pa | art VIII, column (C), line 12 | | | 7a | 0 |
| | b | Net unrel | ated business taxable income fr | rom Form 990-T, line 34 | | | 7b | 0 |
| | | | | | Pr | ior Year | | Current Year |
| Qı | 8 | Contribut | ions and grants (Part VIII, line | 1h) | | 10,160, | 113 | 12,883,744 |
| nLie | 9 | Program | service revenue (Part VIII, line | 2g) | | 62, | 154 | 44,697 |
| Rəvenue | 10 | Investme | ent income (Part VIII, column (A | A), lines 3, 4, and 7d) | | 10, | 520 | 14,015 |
| _ | 11 | Other rev | enue (Part VIII, column (A), lin | es 5, 6d, 8c, 9c, 10c, and 11e) | | 297, | | 251,727 |
| | 12 | Total rev | enue—add lines 8 through 11 (r | must equal Part VIII, column (A), line 12 |) | 10,530, | 470 | 13,194,183 |
| | 13 | Grants ar | nd similar amounts paid (Part IX | (, column (A), lines 1–3) | | 523, | 836 | 421,641 |
| | 14 | Benefits | paid to or for members (Part IX, | , column (A), line 4) | | | 0 | 0 |
| æ | 15 | Salaries, | other compensation, employee | benefits (Part IX, column (A), lines 5–10 | 0) | 2,401, | 534 | 2,517,624 |
| Expenses | 16 a | Professio | onal fundraising fees (Part IX, co | olumn (A), line 11e) | | 391, | 420 | 276,782 |
| Ğ. | l | | raising expenses (Part IX, column (D) | | | | | |
| ш | 17 | | , | es 11a-11d, 11f-24e) | | 7,065, | 154 | 8,998,355 |
| | 18 | Total exp | enses Add lines 13-17 (must e | equal Part IX, column (A), line 25) | | 10,381, | 944 | 12,214,402 |
| | 19 | Revenue | less expenses Subtract line 18 | from line 12 | | 148, | | 979,781 |
| Fund Balances | | | | | Beginning | of Current Y | 'ear | End of Year |
| agar | 20 | Total ass | ets (Part X, line 16) | | | 7,636, | 482 | 8,575,167 |
| 9 8 | l | | ulities (Part X, line 26) | | | 461, | _ | 461,032 |
| | l | | s or fund balances Subtract line | | | 7,175, | _ | 8,114,135 |
| | t II | _ | ature Block | | | ,,_,,, | -/ | |
| | | | | amined this return, including accompany | ıng schedules an | d statement | s, and to | the best of my |
| | | | f, it is true, correct, and comple | ete Declaration of preparer (other than o | officer) is based o | on all inform | ation of v | vhich preparer has |
| IIY K | nowle | | | | | | | |
| | | ***** | * | | | 17-11-08 | | |
| ign | | Signati | ure of officer | | Da | te | | |
| lere | • | | MIN A HIEGERT SECRETARY/TREASU | IRER | | | | |
| | | Туре о | r print name and title | | | | | |
| | | | rint/Type preparer's name VILLIAM E TURCO CPA | Preparer's signature WILLIAM E TURCO CPA | Date Ch | | PTIN P00369217 | |
| Paid | | - | | | sel | f-employed | | |
| | pare | ^ਦ ਾ ੂ | irm's name RSM US LLP | TANI RI VD 400 | | m's EIN ► 42 | | |
| Jse | On | ıly ⁵ | irm's address > 9737 WASHINGTON | | Ph | one no (301) | 290-3600 | |
| | | | GAITHERSBURG, MD | 208787340 | | | | |
| 1av t | he IR | S discuss | this return with the preparer sh | nown above? (see instructions) | | | √ y | ′es 🗌 No |

| Forn | า 990 (2 | 016) | | | | | Page 2 |
|------------|----------|---------------------------------|--------------------|-----------------------------------|---------------------------|---|------------------|
| Pa | rt IIII | Statement of | of Program Se | rvice Accomplis | hments | | |
| | | Check If Sched | lule O contains a | response or note to a | any line in this Part III | | 🗹 |
| 1 | Briefly | describe the or | ganızatıon's mıss | ion | • | | |
| MAG PRO | ISTERIL | JM OF THE ROM. HE PRINCIPLES | AN CATHOLIC CH | URCH, WORKS IN A | LEGAL AND PEACEFUL M | RED BY THE TRADITIONAL TEAMINER IN THE REALM OF IDE | AS TO DEFEND AND |
| 2 | | - | , - | nıfıcant program ser | vices during the year wh | ich were not listed on | ☐ Yes ☑ No |
| | If "Yes | s," describe thes | se new services o | n Schedule O | | | |
| 3 | Did th | e organization c | ease conducting, | or make significant | changes in how it conduc | cts, any program | |
| | servic | es [?] | | | | | . 🗌 Yes 🗹 No |
| | If "Yes | s," describe thes | se changes on Scl | nedule O | | | |
| 4 | Sectio | n 501(c)(3) and | l 501(c)(4) organ | | to report the amount of | argest program services, as m f grants and allocations to othe | |
| 4a | (Code | |) (Expenses \$ | 3,076,051 | ıncludıng grants of \$ | 3,200) (Revenue \$ | |
| | ` | ldıtıonal Data | , (=::F =::== + | | | -,, (| |
| 4b | (Code | |) (Expenses \$ | 1,870,004 | including grants of \$ | 1,600) (Revenue \$ |) |
| | See Ad | ldıtıonal Data | | | | | |
| 4c | (Code | |) (Expenses \$ | 1,436,839 | including grants of \$ |) (Revenue \$ |) |
| | See Ad | lditional Data | | | | | |
| | | | | | | | |
| | See A | ddıtıonal Data T | able | | | | |
| 4d | Other | program service | es (Describe in So | • | | | |
| 4d | Other | | es (Describe in So | hedule O) including grants of | \$ 416,84 | 41) (Revenue \$ | 76,116) |

or X as applicable

Section 501(c)(3) organizations.

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

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 🛸 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

foreign organization? If "Yes," complete Schedule F, Parts II and IV

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

assessments, or similar amounts as defined in Revenue Procedure 98-19?

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

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

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏

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 🕏

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional ঙ 뉰

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

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 total of fundraising event gross income and contributions on Part VIII,

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

b Was the organization included in consolidated, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

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

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

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🛸 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, Yes

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11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14h

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19

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . .

Page 3

No

No No

No No No

No

No

No

Nο

Nο

No

No

No

Nο

Νo

Form **990** (2016)

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| Par | Checklist of Required Schedules (continued) | | | |
|-----|---|-----|-----|----|
| | | | Yes | 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 | | |
| 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 |
| Ь | 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 | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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 | | No |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | Yes | |

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV **

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

301 7701-2 and 301 7701-3⁷ If "Yes," complete Schedule R, Part I

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Page 4

Nο

Nο

Nο

Nο

Nο

Nο

Nο

Νo

Nο

28c

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35a

35b

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Yes

Yes

Form **990** (2016)

| orm | 990 (2016) | | | Page |
|----------|--|------------|-----|------|
| Par | t V Statements Regarding Other IRS Filings and Tax Compliance | | | _ |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | | Yes | No |
| | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 62 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 vendors and reportable gaming (gambling) winnings to prize winners? | 1c | Yes | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | | | |
| h | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Yes | |
| D | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | No |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | No |
| b | If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | No |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | No |
| С | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | | |
| | ,, | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | No |
| | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6 b | | |
| | Organizations that may receive deductible contributions under section 170(c). | | | |
| | 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? | 7a | | No |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7 c | | No |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | No |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | No |
| | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as | | | |
| , | required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9a | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| | Section 501(c)(7) organizations. Enter | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | |
| 1 | Section 501(c)(12) organizations. Enter | | | |
| а | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | | |
|) | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 124 | | |
| 3 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O | 13a | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | | |
| С | Enter the amount of reserves on hand | | | |
| 42 | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | No |
| Tu | | | | |

| | 990 (2 | | | | | Page b |
|-----|--------------------------|---|---|------------|-----------|---------------|
| Par | t VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O Se | | " respo | nse to li | nes |
| | | Check if Schedule O contains a response or note to any line in this Part VI | e man actions | | | ✓ |
| Se | ction | A. Governing Body and Management | <u> </u> | • | | |
| | | | | | Yes | No |
| 1a | Enter | r the number of voting members of the governing body at the end of the tax year label 1a | 7 | | | |
| | body, | ere are material differences in voting rights among members of the governing , or if the governing body delegated broad authority to an executive committee or ar committee, explain in Schedule O | | | | |
| b | Enter | r the number of voting members included in line 1a, above, who are independent 1b | 1 | | | |
| 2 | | iny officer, director, trustee, or key employee have a family relationship or a business relationer, director, trustee, or key employee? | nship with any other | 2 | Yes | |
| 3 | Did th | he organization delegate control over management duties customarily performed by or under ficers, directors or trustees, or key employees to a management company or other person? | r the direct supervision | 3 | | No |
| 4 | Did th | he organization make any significant changes to its governing documents since the prior Fori | m 990 was filed? | 4 | | No |
| 5 | Did th | he organization become aware during the year of a significant diversion of the organization's | assets? | 5 | | No |
| 6 | Did th | he organization have members or stockholders? | | 6 | Yes | |
| 7a | | he organization have members, stockholders, or other persons who had the power to elect or bers of the governing body? | r appoint one or more | 7a | Yes | |
| b | | any governance decisions of the organization reserved to (or subject to approval by) member | s, stockholders, or | 7 b | Yes | |
| 8 | | he organization contemporaneously document the meetings held or written actions undertakeollowing | en during the year by | | | |
| а | The g | governing body? | | 8a | Yes | |
| Ь | Each | committee with authority to act on behalf of the governing body? | | 8b | Yes | |
| 9 | | ere any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be nization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i> | | 9 | | No |
| Se | ction | B. Policies (This Section B requests information about policies not required by t | the Internal Revenue | e Code | e.) | |
| | | | | | Yes | No |
| 10a | Did th | he organization have local chapters, branches, or affiliates? | | 10a | | No |
| b | | es," did the organization have written policies and procedures governing the activities of such oranches to ensure their operations are consistent with the organization's exempt purposes? | n chapters, affiliates, | 10b | | |
| | form? | | oody before filing the | 11a | Yes | |
| | | ribe in Schedule O the process, if any, used by the organization to review this Form 990 . | | | | |
| | | he organization have a written conflict of interest policy? If "No," go to line 13 | | 12a | Yes | |
| | confli | | | 12b | | No |
| С | Sched | he organization regularly and consistently monitor and enforce compliance with the policy? <i>Ii</i> dule O how this was done | f "Yes," describe in • • | 12c | Yes | |
| 13 | | he organization have a written whistleblower policy? | | 13 | Yes | |
| 14 | | he organization have a written document retention and destruction policy? | | 14 | Yes | |
| 15 | perso | he process for determining compensation of the following persons include a review and appropriate the process of the deliberation and decision of the deliberation of the deliberation and decision of the deliberation of the deliberation of the deliberation of the deliberation and decision of the deliberation | 1 ⁷ | | | |
| | | organization's CEO, Executive Director, or top management official | | 15a | | No |
| b | | r officers or key employees of the organization | | 15b | | No_ |
| 16a | Did th | es" to line 15a or 15b, describe the process in Schedule O (see instructions) he organization invest in, contribute assets to, or participate in a joint venture or similar arra | ingement with a | | | |
| b | If "Ye | ole entity during the year? es," did the organization follow a written policy or procedure requiring the organization to evaint the organization to evaint the organization to evaint venture arrangements under applicable federal tax law, and take steps to safeguard the o | | 16a | | No |
| | status | is with respect to such arrangements? | rgamzadon s exempt | 16b | | |
| | | | | | | |
| 17 | List th | C. Disclosure | | | 1007 1 1 | |
| 18 | | he States with which a copy of this Form 990 is required to be filed AK , AL , AR , CA , G MD , ME , MI , MS , | CT , FL , GA , HI , IL , I MN , NC , ND , NJ , NH N , UT , VA , WA , WI | I,NM, | | |
| | availa | he States with which a copy of this Form 990 is required to be filed AK , AL , AR , CA , C MD , ME , MI , MS , OR , PA , RI , SC , T on 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 99 able for public inspection Indicate how you made these available Check all that apply | MN , NC , ND , NJ , NH N , UT , VA , WA , WI 10-T (501(c)(3)s only) | I,NM, | | |
| 19 | availa | the States with which a copy of this Form 990 is required to be filed AK , AL , AR , CA , CMD , ME , MI , MS , OR , PA , RI , SC , TO on 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 99 able for public inspection Indicate how you made these available Check all that apply Own website Another's website Upon request Other (explain in Schedule O ribe in Schedule O whether (and if so, how) the organization made its governing documents, | MN , NC , ND , NJ , NH N , UT , VA , WA , WI 0-T (501(c)(3)s only) | I,NM, | | H , OK , |
| | Descr policy State | he States with which a copy of this Form 990 is required to be filed AK , AL , AR , CA , C MD , ME , MI , MS , OR , PA , RI , SC , T on 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 99 able for public inspection Indicate how you made these available Check all that apply Own website Another's website Upon request Other (explain in Schedule O | MN, NC, ND, NJ, NF N, UT, VA, WA, WI O-T (501(c)(3)s only)) conflict of interest | I,NM, | | |

organization and any related organizations

(A)

Name and Title

Part VII

(F)

Estimated

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

- 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
- 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

(C)

Position (do not check more

(D)

Reportable

(E)

Reportable

(B)

Average

| | hours per week (list any hours for related | | | in of tor/t | ficer rust | and a | ì | compensation from the organization (W- 2/1099- | compensation from related organizations (W- 2/1099- | amount of other compensation from the |
|---|---|-----------------------------------|-----------------------|----------------|---------------|------------------------------|--------|---|--|--|
| | organizations below dotted line) | Individual trustee or director | Institutional Trustwe | Officer | key employee | Highest compensated employee | Former | MISC) | MISC) | organization and related organizations |
| (1) RAYMOND E DRAKE PRESIDENT AND DIRECTOR | 50 00 | х | | х | | | | 0 | 0 | 0 |
| (2) JOHN W HORVAT VICE-PRESIDENT AND DIRECTOR | 50 00 | × | | х | | | | 0 | 0 | 0 |
| (3) GARY J ISBELL DIRECTOR | 40 00 | х | | | | | | 55,640 | 0 | 0 |
| (4) LUIZ A FRAGELLI DIRECTOR | 24 00 | х | | | | | | 37,800 | 0 | 0 |
| (5) CPRESTON NOELL III DIRECTOR | 40 00 0 30 | Х | | | | | | 44,300 | 0 | 0 |
| (6) ROBERT E RITCHIE DIRECTOR | 50 00 | х | | | | | | 0 | 0 | 0 |
| (7) ANTONIO FRAGELLI DIRECTOR | 50 00 | х | | | | | | 50,188 | 0 | 0 |
| (8) BENJAMIN A HIEGERT SECRETARY-TREASURER | 40 00 | | | х | | | | 51,800 | 0 | 0 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

 \blacktriangleright \blacktriangleright 239,728 0 Total number of individuals (including but not limited to those listed above) who received more than \$100,000

1b Sub-Total . c Total from continuation sheets to Part VII, Section A. d Total (add lines 1b and 1c) .

of reportable compensation from the organization ▶ 0

0 Yes No

3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on

2

| | line 1a? If "Yes," complete Schedule J for such individual | ٠ | • | • | • | • | • | • | ٠ | ٠ | • | • | 3 | No |
|---|--|---|---|---|---|---|---|---|---|---|-----|---|---|----|
| ŀ | For any individual listed on line 1a, is the sum of reportable organization and related organizations greater than \$150,000 | | | | | | | | | | the | | | |

| | inte 14. It res, complete seriedate stor such matridual. | 3 | No |
|---|---|---|----|
| 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 J for such | | |
| | ındıvıdual | 4 | No |

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

5

(B)

Description of services

FUNDRAISING CONSULTANT, LIST

TELEMARKETING FUNDRAISING

WEB DEVELOPMENT

RENTAL

Nο

289,561

121,913

120.741

Form 990 (2016)

(C)

Compensation

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for

from the organization Report compensation for the calendar year ending with or within the organization's tax year

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

services rendered to the organization? If "Yes," complete Schedule J for such person .

(A)

Name and business address

5

DMW WORLDWIDE LLC

CHESTERBROOK, PA 19087 DONOR CARE CENTER INC

4535 STRAUSSER ST NW NORTH CANTON, OH 44720

701 LEE RD

HYPERDO INC

144 W WARREN ST CADIZ, OH 43907

Section B. Independent Contractors

compensation from the organization ▶ 3

| | 90 (2018) | | | | | | | Page 9 |
|--|---|-------------|-------------------------|-------------------|----------|---|--------------------------------|--|
| Part | | | | | | | | |
| | Check if Schedule O contains a | respo | inse or note to any | (A) Total revenue | | (B) Related or exempt function | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections |
| | 1a Federated campaigns | 1a | | | | revenue | | 512-514 |
| nts nts | b Membership dues | 1b | _ | | | | | |
| oral Jou | c Fundraising events | 1c | | | | | | |
| S. (An | d Related organizations | 1d | 1,000 | | | | | |
| Giff | e Government grants (contributions) | 1e | | | | | | |
| ns, | f All other contributions, gifts, grants, | | | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | and similar amounts not included above | 1 f | 12,882,744 | | | | | |
| 년 된 등 | g Noncash contributions included | | | | | | | |
| Contained (| ın lines 1a-1f \$ | | | | | | | |
| S S | h Total.Add lines 1a-1f | | | 12,883,74 | <u>4</u> | Т | | |
| ΕE | 2 | | Business | 900099 | 43,95 | :4 42 | 954 | |
| ر د ۲۰ | 2a REGISTRATION FEES b SALES OF PRINTS POSTER | | | 511190 | 74 | + | 743 | |
| Program Service Revenue | | | | | | | | |
| ervi | d — | | | | | | | |
| S L | e | _ | | | | | | |
| grai | f All other program service revenue | | | | | | | |
| Æ | 9 Total. Add lines 2a-2f | | • | 44,697 | | | | |
| | 3 Investment income (including divide | ends, ı | | 1 | 4,015 | | | 14,015 |
| | similar amounts) | | ond proceeds • | | 4,013 | | | 14,013 |
| | 5 Royalties | - | • | | | | | |
| | (ı) Real | | (II) Personal | | | | | |
| | 6a Gross rents | F.0 | | 1 | | | | |
| | b Less rental expenses | 50 0 | | - | | | | |
| | | | | | | | | |
| | c Rental income or (loss) | 50 | | | | | | |
| | d Net rental income or (loss) | | | _ | 50 | | | 50 |
| | (ı) Securit | ies | (II) Other | | | | | |
| | 7a Gross amount from sales of | | | | | | | |
| | assets other than inventory | | | | | | | |
| | b Less cost or | | | - | | | | |
| | other basis and sales expenses | | | | | | | |
| | C Gain or (loss) | | | | | | | |
| | d Net gain or (loss)8a Gross income from fundraising eve | ı | • | | | | | |
| <u>ə</u> | (not including \$ | of | | | | | | |
| æ | contributions reported on line 1c) See Part IV, line 18 | a | | | | | | |
| Other Revenue | b Less direct expenses | b | | - | | | | |
| erl | c Net income or (loss) from fundrais | ا ing ev | ents 🕨 | | | | | |
| oth | 9a Gross income from gaming activities See Part IV, line 19 | es | | | | | | |
| | Secratery, line 19 | а | | | | | | |
| | b Less direct expenses | ь | | | | | | |
| | c Net income or (loss) from gaming | actıvıtı | es > | _ | | | | |
| | 10a Gross sales of inventory, less returns and allowances | | | | | | | |
| | | a | 325,951 | | | | | |
| | ${f b}$ Less cost of goods sold $\ . \ .$ | ь | 303,486 | | | | | |
| | c Net income or (loss) from sales of | ınvent | | 2 | 2,465 | 22,465 | | |
| | Miscellaneous Revenue 11aMAILING LIST | | Business Code 532000 | 1 22 | 8,410 | | | 228,410 |
| | MAILING LIST | | 552000 | | -,.13 | | | 220,710 |
| | b OTHER REVENUE | | 900099 | 9 | 802 | | | 802 |
| | - UINEK KEVENUE | | 50005. | | | | | |
| | с | | | | | | | + |
| | | | | | | | | |
| | d All other revenue | | | | | | | |
| | e Total. Add lines 11a-11d | | • | | 0.343 | | | |
| | 12 Total revenue. See Instructions | | | | 9,212 | | | _ |
| | | | | 13,19 | 4,183 | 67,162 | | 0 243,277 Form 990 (2016) |

10 Payroll taxes .

b Legal .

c Accounting

11 Fees for services (non-employees) a Management . . .

f Investment management fees .

e Professional fundraising services See Part IV, line 17

18 Payments of travel or entertainment expenses for any federal, state, or local public officials .

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

25 Total functional expenses. Add lines 1 through 24e

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)

19 Conferences, conventions, and meetings

22 Depreciation, depletion, and amortization

21 Payments to affiliates . . .

expenses on Schedule O)

c PROGRAM RELATED EXP

g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)

d Lobbying

12 Advertising and promotion .

13 Office expenses .

20 Interest . . .

a CONSUMABLES

b OTHER FEES

d DUES & SUBS

e All other expenses

23 Insurance .

15 Royalties .

16 Occupancy

17 Travel .

14 Information technology

23,560

1,155

276,782

141,931

6,393

58,220

23.754

28,865

16,450

9,008

32

406

1,592

2,229,818

515,287

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39

1,309,208 17,385

Chatamant of Functional Functions

| | Int IX Statement of Functional Expenses tion 501(c)(3) and 501(c)(4) organizations must complete all co | olumns All other orga | inizations must comp | olete column (A) | |
|---|---|-----------------------|------------------------------------|---|----------------------------|
| | Check if Schedule O contains a response or note to any | line in this Part IX | | | 🗆 |
| | 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) Fundraisingexpenses |
| 1 | Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 | 249,895 | 249,895 | | |
| 2 | Grants and other assistance to domestic individuals See Part IV, line 22 | 8,846 | 8,846 | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16 | 162,900 | 162,900 | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 239,728 | 189,054 | 18,439 | 32,235 |
| 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 | 2,103,151 | 1,658,584 | 161,764 | 282,803 |
| 8 | Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | | | | |

174,745

18,911

39,423

276,782

1,049,519

5,251,714

245,144

744,402

642,627

66,250

317,930

25,097

281,448

89,076

83,506

20,048

66,314

12,214,402

4,539,928

56,946

137,702

13,088

905,014

50,553

3,908,083

220,906

658,081

610,081

66,211

276,868

247,908

76,454

83,437

18,069

56,933

9,598,667

4,024,641

13,483 4,668

39,423

2,574

34,423

6,853

28,101

8,792

12,197

25,097

17,090

3,614

1,573

7,789

385,917

37

| | 2 | Savings and temporary cash investments | 1,876,056 | 2 | 2,897,491 |
|----|---|--|-----------|---|-----------|
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | 163,339 | 4 | 194,509 |
| | 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 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 | |
| eţ | 7 | Notes and loans receivable, net | 293,601 | 7 | 266,715 |

64.614

42.868

461,032

8,114,135

8,114,135

8,575,167

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24

25

26

27

28

29

30

31

32

33

34

40.346

461,307

7.175.175

7,175,175

7,636,482

| | | voluntary employees' beneficiary organizations Part II of Schedule L | | | | 6 | |
|-----|-----|--|---------|-----------|-----------|-------------|-----------|
| ets | 7 | Notes and loans receivable, net | | | 293,601 | 7 | 266,715 |
| SS | 8 | Inventories for sale or use | 582,524 | 8 | 453,621 | | |
| A | 9 | Prepaid expenses and deferred charges | | | 203,257 | 9 | 386,568 |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a | 5,990,138 | | | |
| | ь | Less accumulated depreciation | 10b | 2,847,927 | 3,206,075 | 10 c | 3,142,211 |
| | 11 | Investments—publicly traded securities . | | 11 | | | |
| | 12 | Investments—other securities See Part IV, line | | 677,201 | 12 | 636,381 | |
| | 13 | Investments—program-related See Part IV, line | e 11 . | | | 13 | |
| | | | | | | | |

14

15

24

25

26

27

28

29

30

31

32

33

34

Assets or Fund Balances

Net

Intangible assets

Unsecured notes and loans payable to unrelated third parties .

and other liabilities not included on lines 17-24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here \blacktriangleright \square and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here > \square and

| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 7,636,482 | 16 | 8.575.167 |
|------------|----|--|-----------|----|-----------|
| | 10 | Total assets. Add lines 1 through 15 (must equal line 54) | 7,030,402 | 10 | 0,575,107 |
| | 17 | Accounts payable and accrued expenses | 420,365 | 17 | 400,948 |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | 596 | 19 | 17,216 |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| ڼ | 21 | Escrow or custodial account liability Complete Part IV of Schedule D | | 21 | |
| iabilities | 22 | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified | | | |
| ge | | persons Complete Part II of Schedule L | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |

| Form | 990 (2016) | | | | Page 12 |
|------|---|----------|----|-----|----------------|
| Par | t XI 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 | | 13 | ,194,183 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 12 | ,214,402 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | | 979,781 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 7 | ,175,175 |
| 5 | Net unrealized gains (losses) on investments | 5 | | | -40,821 |
| 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 | | 8 | ,114,135 |
| Par | t XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990 | | | | |
| | 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 reviewed separate basis, consolidated basis, or both | on a | | | |
| | ☐ 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 separat consolidated basis, or both | e basis, | | | |
| | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | | |
| С | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight | | | | 1 |

2c

За

3b

Yes

Nο

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of the audit, review, or compilation of its financial statements and selection of an independent accountant?

Audit Act and OMB Circular A-133?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

Additional Data

Software ID:

Software Version:

Name: THE FOUNDATION FOR A CHRISTIAN

CIVILIZATION INC.

EIN: 23-7325778

Form 990 (2016)

Form 990, Part III, Line 4a:

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 8 MILLION LETTERS WERE SENT TO CURRENT AMERICA NEEDS FATIMA CAMPAIGN MEMBERS IN A TOTAL OF 12 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 CENTENNIAL MEDALS, ST. MICHAEL MEDALS, AND SACRED HEART BADGES CRUSADE MAGAZINE IS ALSO MAILED SIX TIMES A YEAR TO APPROXIMATELY 140.000 PEOPLE AMERICA NEEDS FATIMA ALSO DISTRIBUTED 1 1 MILLION FATIMA CENTENNIAL ROSARIES AS PART OF ITS EFFORT TO COMMEMORATE THE OCCASION MAILINGS WERE ALSO DONE ENCOURAGING DEVOTION TO THE IMMACULATE HEART AND THE SACRED HEART

Form 990, Part III, Line 4b:

OF EACH CAMPAIGN

A MESSAGE MORE URGENT THAN EVER WAS ALSO RELEASED A TOTAL OF 76,659 BOOKS RELATED TO THE FURTHERANCE OF THE VALUES OF CHRISTIAN CIVILIZATION WERE DISTRIBUTED DURING THE FISCAL YEAR THE FOUNDATION CONTINUED TO MAINTAIN FOUR MAIN WEBSITES THE 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 THE FOUNDATION THESE SITES AND BLOGS RECEIVED MORE THAN 300.000 UNIOUE VISITORS EACH

PUBLICATIONS THE FOUNDATION PUBLISHED CRUSADE 6 TIMES DURING THE YEAR, AND EACH ISSUE IS SENT TO APPROXIMATELY 140,000 PEOPLE THE FOUNDATION CONTINUED THE EXTENSIVE EFFORT TO PROMOTE THE BOOK RETURN TO ORDER. FROM A FRENZIED ECONOMY TO AN ORGANIC CHRISTIAN SOCIETY AS PART OF THE FATIMA CENTENNIAL EVENT. 145.000 COPIES OF THE NEW BOOK THE IMMACULATE HEART OF MARY WERE DISTRIBUTED. AND A COMMEMORATIVE EDITION OF FATIMA

MONTH GENERALLY ONE ARTICLE OR POSITION PAPER IS PUBLISHED EACH WEEK ON THE TFP SITE THE OTHER SITES PUBLISH INFORMATION ABOUT THE ACTIVITIES

PUBLIC WITNESSES THE PUBLIC SOUARE ROSARY CRUSADE IS CONTINUED IN 2016 ON OCTOBER 15, 2016, THERE WERE 16,323 ROSARY RALLIES IN PUBLIC PLACES ACROSS AMERICA AN ESTIMATED 290,000 PEOPLE PRAYED THE ROSARY FOR AMERICA ON THAT DAY MANY HELD BANNERS THAT MADE IT CLEAR TO PASSERSBY WHAT THEY WERE DOING AND WHY AMERICA NEEDS FATIMA VOLUNTEERS MADE THOUSANDS OF CALLS RECRUITING THESE CAPTAINS MANY ALSO SIGNED UP ON THE

WEBSITE TEP CARAVANS TRAVELED THROUGH WISCONSIN PROMOTING THE REJECTION OF ABORTION MANY PEOPLE ACCEPTED THE FLYER. "10 REASONS WHY ABORTION IS EVI AND VOICED SUPPORT WHEN THEY SAW THE CARAVAN'S POSTERS AND BANNERS AT BUSY STREET CORNERS. THE INTERNET IS ALSO A POWERFUL

METHOD TO ENCOURAGE AND EDUCATE THE PUBLIC ABOUT MANY ISSUES. AMERICA NEEDS FATIMA AND TEP STUDENT ACTION DID AN ONLINE PETITION AGAINST A

Form 990, Part III, Line 4c:

TO CATHOLIC TEACHING

BLACK MASS AT THE OKLAHOMA CIVIC CENTER PETITIONS WERE ALSO DONE TO SEVERAL CATHOLIC UNIVERSITIES WHO HOSTED SPEAKERS AND EVENTS CONTRARY

(Code) (Expenses \$ 1,110,380 including grants of \$ 11,746) (Revenue \$ 32,162)

| DISSEMINATION OF IDEAS | 5 | | | | |
|------------------------|----------------|---------|------------------------|-----------------------|---|
| (Code |) (Expenses \$ | 736,829 | including grants of \$ | 115,531) (Revenue \$ |) |

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

ADULT FORMATION PROGRAMS

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

(Code) (Expenses \$ 510,790 including grants of \$ 8,179) (Revenue \$)

| STUDIES | | | | | |
|---------|----------------|---------|------------------------|-----------------------|---------|
| (Code |) (Expenses \$ | 713,163 | including grants of \$ | 250,295) (Revenue \$ | 9,695) |

YOUTH FORMATION PROGRAMS

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

(Code) (Expenses \$ 144,611 including grants of \$ 31,090) (Revenue \$ 34,259)

SEMINARS

| efile | e GR/ | APHIC pri | nt - DO NOT PROCI | ESS | As Filed Data - | | | DLN: 9 | 3493312034837 |
|------------------|---------|----------------------------|--|-------------------------|--|---|---|---|---|
| SCI | HED | ULE A | Publ | ic C | harity Statu | s and Pub | olic Supp | ort | OMB No 1545-0047 |
| (For | m 990 | | | he org | ganization is a secti | ion 501(c)(3) d | organization o | | 2016 |
| 990E | ZZ) | | | • | 4947(a)(1) nonexe ▶ Attach to Form 9 | | | | |
| | | the Treasury | ► Information | about | Schedule A (Form | | | ıctions is at | Open to Public Inspection |
| Nam | e of th | ue Service ne organiza | | | WWW.III Sign | <u>, , , , , , , , , , , , , , , , , , , </u> | | Employer identific | <u> </u> |
| | ZATION | TION FOR A CH I INC | IKISTIAN | | | | | 23-7325778 | |
| | tΙ | | for Public Charity | | | | | See instructions. | |
| ne o 1 | rganız | | a private foundation be onvention of churches, | | • | • | , , | (A)(i) | |
| 2 | | • | · | | | | | (A)(I). | |
| 3 | | | scribed in section 170 | | | · | • | :::> | |
| | | • | or a cooperative hospita | | - | | | | |
| 4 | Ш | | esearch organization o and state | perateo | in conjunction with | a nospital descri | ped in section : | 1/U(B)(1)(A)(III). E | nter the nospital's |
| 5 | | | ation operated for the b (iv). (Complete Part II | | of a college or univer | sity owned or op | erated by a gov | ernmental unit descri | bed in section 170 |
| 6 | | A federal, s | tate, or local governme | nt or o | governmental unit de | scribed in sectio | on 170(b)(1)(<i>A</i> | ۱)(v). | |
| 7 | ✓ | | ation that normally rece ' 0(b)(1)(A)(vi). (Com | | | s support from a | governmental u | ınıt or from the gener | al public described in |
| 8 | | A communi | ty trust described in se | ction | 170(b)(1)(A)(vi) | (Complete Part I | I) | | |
| 9 | | | ural research organizati rant college of agricultu | | | | | | ege or university or a |
| 10 | | from activit | ation that normally rece les related to its exemp income and unrelated See section 509(a)(2 | ot func busine | tions—subject to cert ss taxable income (le | ain exceptions, a | and (2) no more | than 331/3% of its su | pport from gross |
| 11 | | • | ation organized and ope | , | | public safety S | ee section 509 | (a)(4). | |
| 12 | | more public | ation organized and ope ly supported organizat through 12d that desc | ions de | escribed in section 5 | 09(a)(1) or sec | tion 509(a)(2 |). See section 509(a | |
| а | | Type I. A so | supporting organization n(s) the power to regul Part IV, Sections A a | opera | ted, supervised, or co | ontrolled by its si | upported organi | zation(s), typically by | |
| b | | Type II. A manageme | supporting organization nt of the supporting org plete Part IV, Section | n supe ganızat | ion vested in the san | | | | |
| С | | Type III fo | unctionally integrate organization(s) (see ins | d. A su | ipporting organization | | | | ted with, its |
| d | | Type III n functionally | on-functionally integrated The organ i) You must complet | r ated zation | A supporting organi generally must satisf | zation operated i y a distribution i | ın connection wi | th its supported organ | |
| e | | Check this | box if the organization or Type III non-function | receive | ed a written determin | ation from the II | RS that it is a Ty | pe I, Type II, Type II | I functionally |
| f | Enter | | of supported organizat | | ntegrated supporting | organizacion | | | |
| g | Provi | de the follow | ing information about t | he sup | ported organization(| s) | | | |
| (i)N | ame of | f supported o | organization (ii)EII | N | (iii) Type of organization (described on lines 1- 10 above (see instructions)) | (iv Is the organiz your governin | ation listed in | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
| | | | | | | Yes | No | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | tion Act Notice, see t | | | Cat No 11285 | - | | 90 or 990-EZ) 2016 |

| Sch | nedule A (Form 990 or 990-EZ) 2016 | | | | | | Page 2 |
|----------|---|---|---|--|----------------------|---------------------|------------------|
| : | Support Schedule for (Complete only if you ch | necked the box o | on line 5, 7, 8, or | 9 of Part I or if | the organizatio | n failed to qualify | |
| _ | III. If the organization faction A. Public Support | ans to quanty un | der the tests list | ed below, pleas | e complete Part | 111.) | |
| _ | Calendar year | (-)2012 | (1-)2012 | (-)2014 | (4)2015 | (-)2016 | (6)T-t-1 |
| | (or fiscal year beginning in) ▶ | (a)2012 | (b) 2013 | (c)2014 | (d) 2015 | (e)2016 | (f) Total |
| | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant") | 8,052,891 | 8,964,186 | 9,456,893 | 10,160,113 | 12,883,744 | 49,517,827 |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | 8,052,891 | 8,964,186 | 9,456,893 | 10,160,113 | 12,883,744 | 49,517,827 |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 | Public support. Subtract line 5 | | | | | | 49,517,827 |
| _ | from line 4 Section B. Total Support | | | | | | <u> </u> |
| <u> </u> | Calendar year | ()2040 | (1.)0042 | ()224 | (1)2045 | ()2046 | (C) = 1 1 |
| | (or fiscal year beginning in) ▶ | (a)2012 | (b) 2013 | (c)2014 | (d) 2015 | (e)2016 | (f) Total |
| 7 | | 8,052,891 | 8,964,186 | 9,456,893 | 10,160,113 | 12,883,744 | 49,517,827 |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 5,788 | 7,112 | 8,334 | 10,811 | 14,065 | 46,110 |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 | | | | | | | |
| 11 | Total support. Add lines 7 through | | | | | | 49,563,937 |
| 12 | 10 Gross receipts from related activities, | etc (see instruction | ns) | | | 12 | 2,957,316 |
| | First five years. If the Form 990 is for | | | rd fourth or fifth | tay | L | |
| 13 | • | - | | | • | · / · / <u>-</u> | lization, |
| _ | check this box and stop here Section C. Computation of Publi | | | <u> </u> | | | |
| | Public support percentage for 2016 (li | | | olumn (f\) | | 14 | 00.010.0/ |
| | Public support percentage for 2015 (iii | | | olullili (1)) | | 15 | 99 910 % |
| | a 33 1/3% support test—2016. If the | | | on line 12 and line | 2 1 / 10 22 1/20% or | | 99 910 % |
| | and stop here. The organization qual 33 1/3% support test—2015. If the | ifies as a publicly s | supported organiza | tion | | | this |
| 17 | box and stop here. The organization a 10%-facts-and-circumstances tes is 10% or more, and if the organization in Part VI how the organization meets | t— 2016. If the order meets the "facts | ganization did not o -and-circumstance | check a box on line s" test, check this | box and stop her | r e. Explain | ▶ ⊔ _ |
| Ł | organization 10%-facts-and-circumstances te 15 is 10% or more, and if the organi Explain in Part VI how the organization | zation meets the "i | facts-and-cırcumst | ances" test, check | this box and stop | here. | ▶□ |
| | supported organization | | | - | | | ightharpoons |

| Section A. Public Support | |
|--|----|
| the organization fails to qualify under the tests listed below, please complete Part II.) | |
| (Complete only if you checked the box on line 10 of Part 1 or if the organization failed to qualify under Part 11. I | ίT |

| Se | ection A. Public Support | | | | | | |
|----------|--|--------------------|---------------------|----------------------|---------------------|--------------------|---------------------------|
| | Calendar year | (a)2012 | (b) 2013 | (c)2014 | (d)2015 | (e) 2016 | (f)Total |
| 1 | (or fiscal year beginning in) ► Gifts, grants, contributions, and | | | | | | |
| _ | membership fees received (Do not | I | | | | | |
| | ınclude any "unusual grants`") | <u> </u> | | | | | |
| 2 | Gross receipts from admissions, | I | | | | | |
| | merchandise sold or services performed, or facilities furnished in | I | | | | | |
| | any activity that is related to the | I | | | | | |
| | organization's tax-exempt purpose | I | | | | | |
| _ | Cross receipts from activities that are | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business | I | | | | | |
| | under section 513 | I | | | | | |
| 4 | Tax revenues levied for the | | | | | | |
| | organization's benefit and either paid | I | | | | | |
| 5 | to or expended on its behalf The value of services or facilities | | | | | | |
| , | furnished by a governmental unit to | I | | | | | |
| | the organization without charge | ļ | | | | | |
| 6 | Total. Add lines 1 through 5 | <u></u> | | | | | |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | I | | | | | |
| | 5 received from disqualified persons | <u> </u> | | | | | |
| b | Amounts included on lines 2 and 3 | | | | | | |
| | received from other than disqualified | I | | | | | |
| | persons that exceed the greater of \$5,000 or 1% of the amount on line | I | | | | | |
| | 13 for the year | I | | | | | |
| C | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c | | | | | | |
| | from line 6) | | | | | | |
| 31 | ection B. Total Support | Г | 1 | T | Т | | |
| | Calendar year (or fiscal year beginning in) ▶ | (a)2012 | (b) 2013 | (c)2014 | (d) 2015 | (e) 2016 | (f)Total |
| 9 | Amounts from line 6 | | | | | | |
| .0a | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties and | | | | | | |
| ь | income from similar sources Unrelated business taxable income | | | | | | |
| U | (less section 511 taxes) from | | | | | | |
| | businesses acquired after June 30, | | | | | | |
| | 1975 | | | | | | |
| | Add lines 10a and 10b Net income from unrelated business | | | | | | |
| 11 | activities not included in line 10b, | | | | | | |
| | whether or not the business is | | | | | | |
| | regularly carried on | | | | | | |
| 12 | Other income Do not include gain or loss from the sale of capital assets | | | | | | |
| | (Explain in Part VI) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, | | | | | | |
| | 11, and 12) First five years. If the Form 990 is fo | r the organization | te first second the | hird fourth or fift | | ction 501/c)(2) a: | raanization |
| 14 | check this box and stop here | Tale organización | r a mac, second, ti | ma, iourtii, or iiit | ii tax yeai as a se | CCOT 301(C)(3) 01 | yanızatıon, ► □ |
| <u> </u> | ection C. Computation of Public | Support Perce | ntage | | | | |
| 15 | Public support percentage for 2016 (lin | | | column (f)) | | 15 | |
| 16 | Public support percentage from 2015 S | | · · | (.,, | | 16 | |
| | ection D. Computation of Invest | <u> </u> | | | | 10 | |
| 17 | Investment income percentage for 20: | | | line 13, column (f |)) | 17 | |
| 18 | Investment income percentage from 2 | | | ,(| •• | 18 | |
| | 331/3% support tests—2016. If the | | | on line 14, and lir | ie 15 is more than | | e 17 is not |
| | more than 33 1/3%, check this box and | | | | | | ▶ □ |
| | 33 1/3% support tests—2015. If the | | | | | | . — |

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

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Schedule A (Form 990 or 990-EZ) 2016

6

7

8

10a

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V) Section A. All Supporting Organizations Yes No

Page 4

5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2016

| _ | 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 | | |
| | ın section 509(a)(1) or (2) | 2 | |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) | | |
| | below | 3a | |
| 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 | | |

| эa | Did the organization have a supported organization described in section 301(c)(4), (5), or (6), it res, answer (b) and (c) | | |
|----|--|----|--|
| | below | 3a | |
| b | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the | | |
| | determination | 3b | |
| c | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? | | |
| | If "Yes," explain in Part VI what controls the organization put in place to ensure such use | 3с | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you | | |
| | | | |

| | the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the | | | |
|----|---|----|--|--|
| | determination | 3b | | |
| С | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? | | | |
| | If "Yes," explain in Part VI what controls the organization put in place to ensure such use | 3с | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you | | | |
| | checked 12a or 12b ın Part I, answer (b) and (c) below | 4a | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported | | | |
| | organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations | 4b | | |
| | Supervised by or in connection with its supported organizations | | | |

| | determination | 3b | | |
|----|---|----|--|--|
| С | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? | | | |
| | If "Yes," explain in Part VI what controls the organization put in place to ensure such use | 3с | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you | | | |
| | checked 12a or 12b ın Part I, answer (b) and (c) below | | | |
| 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 | 4b | | |
| С | supervised 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 | | | |

| 4a | as any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you | | |
|----|--|----|--|
| | hecked 12a or 12b ın Part I, answer (b) and (c) below | 4a | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported | | |
| | organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations | 4b | |
| С | 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 | 5a | |

| U | bld the organization have ditinate control and discretion in deciding whether to make grants to the foreign supported | | |
|----|--|----|--|
| | organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations | 4b | |
| С | 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 | |

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

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,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

Substitutions only. Was the substitution the result of an event beyond the organization's control?

organization's supported organizations? If "Yes," provide detail in Part VI.

complete Part I of Schedule L (Form 990 or 990-EZ)

the organization had excess business holdings)

organization had an interest? If "Yes," provide detail in Part VI.

provide detail in Part VI.

answer line 10b below

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

| Par | ** Supporting Organizations (continued) | | | | |
|-----|---|--------------|----------|----------|--|
| | | | Yes | No | |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the | | | | |
| | governing body of a supported organization? | 11a | | | |
| b | A family member of a person described in (a) above? | 11b | | | |
| c | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI | 11c | | | |
| C- | ection B. Type I Supporting Organizations | | | | |
| 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 of | ır 🗆 | 1.03 | "" | |
| | elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Pa | | | | |
| | 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 | | | | |
| | | | • | • | |
| Se | ection C. Type II Supporting Organizations | | Yes | N. | |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees | of [| res | No | |
| 1 | were a majority of the organization's directors of trustees during the tax year also a majority of the directors of trustees each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the | or | | | |
| | 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 | | Τ., | | |
| | Did the appropriate any would be each of the grown which are not the best first first of the COL seconds of the | , | 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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the | | | | |
| | Form 990 that was most recently filed as of the date of notification, and (III) copies of the organization's governing | | | | |
| | documents in effect on the date of notification, to the extent not previously provided? | <u> </u> | - | <u> </u> | |
| 2 | Were any of the organization's officers directors or trustoes either (1) appointed or elected by the supported arrangement | n 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) | <u> </u> | | | |
| _ | Divinion of the valeting described in (2) did the surround of | 2 | | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in torganization's investment policies and in directing the use of the organization's income or assets at all times during the t | | | | |
| | year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard | 3 | | | |
| | | | | | |
| | ection E. Type III Functionally-Integrated Supporting Organizations | | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instr | actions) | | | |
| a | | | | | |
| b | | | | | |
| С | The organization supported a governmental entity Describe in Part VI how you supported a government entity (| see instru | ictions) |) | |
| | | | | | |
| 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 supporte organizations and explain how these activities directly furthered their exempt purposes, how the organization was | 3 | | | |
| | responsive to those supported organizations, and how the organization determined that these activities constituted | <u> </u> | | | |
| | substantially all of its activities | 2a | | | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the | | | | |
| | organization's position that its supported organization(s) would have engaged in these activities but for the organization | s | | | |
| _ | involvement | 2b | | | |
| 3 | Parent of Supported Organizations Answer (a) and (b) below. | _ | | | |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each the supported organizations? Provide details in Part VI. | of 3a | | | |
| h | Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its | <u> </u> | 1 | | |
| , | supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard | 3b | | | |
| | | , | 1 | | |

| - | Add lifles 1 till odgif 5 | | | |
|---|--|------------|----------------|--------------------------------|
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | | |
| | | | | |
| | Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) | 1 | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1 b | | |
| c | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other factors (explain in detail in Part VI) | | | |
| 2 | Acquisition indebtedness applicable to non-exempt use assets | 2 | | |
| 3 | Subtract line 2 from line 1d | 3 | | |
| 4 | Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 035 | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| | | | | |

| d | Total (add lines 1a, 1b, and 1c) | 1d | |
|---|--|----|--------------|
| е | Discount claimed for blockage or other factors (explain in detail in Part VI) | | |
| 2 | Acquisition indebtedness applicable to non-exempt use assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | |
| 4 | Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by 035 | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |
| | | | |
| | Section C - Distributable Amount | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 | Enter 85% of line 1 | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 | Enter greater of line 2 or line 3 | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |

Schedule A (Form 990 or 990-EZ) (2016)

Excess distributions carryover to 2017. Add lines

31 and 4c

Breakdown of line 7

b Excess from 2013.



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Political Campaign and Lobbying Activities

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

www.irs.gov/form990.

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.

OMB No 1545-0047

DLN: 93493312034837

Open to Public Inspection

Department of the Treasury Internal Revenue Service

EZ)

SCHEDULE C (Form 990 or 990-

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 23-7325778 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV Political expenditures Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes Was a correction made? ☐ Yes □ No h If "Yes," describe in Part IV Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 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 fileForm 1120-POL for this year? 5 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) Amount paid from (e) Amount of political filing organization's contributions received funds If none, enter and promptly and -0directly delivered to a separate political organization If none, enter -0-3 5

| | | T, | | | |
|---|--|--|---|------------|--|
| | 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 line 1f | 190,180 | | | |
| h | Subtract line 1g from line 1a If zero or less, enter -(| | 0 | | |
| i | Subtract line 1f from line 1c If zero or less, enter -0 | | 0 | | |
| j | If there is an amount other than zero on either line 1 section 4911 tax for this year? | 0 reporting | | ☐ Yes ☐ No | |
| - | | | | | |

153,401

157,989

167,274

3,393

190,180

3,581

Schedule C (Form 990 or 990-EZ) 2016

668,844

1.003.266

6,974

Grassroots nontaxable amount

(150% of line 2d, column (e))

Grassroots lobbying expenditures

Grassroots ceiling amount

Return Reference

activity

Volunteers?

1

(b)

Amount

(a)

Yes

No

Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? 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)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) Part III-A (6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 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). 2a Current year 2b Carryover from last year c Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 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) Part 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

Explanation

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

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

efile GRAPHIC print - DO NOT PROCESS As Filed Data SCHEDULE D Supplemental Fine

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.

2016

DLN: 93493312034837OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

Inform
Name of the organization

(Form 990)

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

Open to Public Inspection

| | FOUNDATION FOR A CHRISTIAN ILIZATION INC | | | | 23-7325778 | 2 | |
|-----|--|---|---------------------------------|-----------------------|--------------------|---------------------------|--------------|
| | rt I Organizations Maintaining Donor | Advised Funds or Ot | her Simila | | | | |
| | Complete if the organization answere | | | | | | |
| | | (a) Donor advised | funds | | (b)Funds a | and other accou | unts |
| 1 | Total number at end of year | | | | | | |
| 2 | Aggregate value of contributions to (during year) | | | | | | <u> </u> |
| 3 | Aggregate value of grants from (during year) | | | | | | |
| 4 | Aggregate value at end of year | | | | | | |
| 5 | Did the organization inform all donors and donor funds are the organization's property, subject to t | advisors in writing that the the organization's exclusiv | e assets held e legal contro | in donor advi: ol? | sed | □ Y | ′es 🗆 No |
| 6 | Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit? | | | | | □ Y | ′es 🗌 No |
| Pa | rt III Conservation Easements. Complet | e if the organization ar | swered "Ye | s" on Form | 990, Part : | IV, line 7. | |
| 1 | Purpose(s) of conservation easements held by the | e organization (check all th | nat apply) | | | | |
| | \square Preservation of land for public use (e g , rec | reation or education) | Preser | vation of an hi | storically in | nportant land a | rea |
| | Protection of natural habitat | | Preser | vation of a cer | tified histor | ic structure | |
| | Preservation of open space | | | | | | |
| 2 | Complete lines 2a through 2d if the organization leasement on the last day of the tax year | held a qualified conservation | on contribution | on in the form | | vation I at the End of | f the Year |
| а | Total number of conservation easements | | | | 2a | | |
| b | Total acreage restricted by conservation easemen | ts | | | 2b | | |
| С | Number of conservation easements on a certified | historic structure included | ın (a) | <u> </u> | 2c | | |
| d | Number of conservation easements included in (c) structure listed in the National Register |) acquired after 8/17/06, a | and not on a | historic 2 | 2d | | |
| 3 | Number of conservation easements modified, transtax year ▶ | nsferred, released, extingu | ished, or teri | minated by th | e organızatı | on during the | |
| 4 | Number of states where property subject to conse | ervation easement is locat | ed > | | | | |
| 5 | Does the organization have a written policy regar and enforcement of the conservation easements i | | ng, inspection | n, handling of | violations, | ☐ Yes | □ No |
| 6 | Staff and volunteer hours devoted to monitoring, • | inspecting, handling of vio | olations, and | enforcing cons | servation ea | sements durin | g the year |
| 7 | Amount of expenses incurred in monitoring, insper ▶ \$ | ecting, handling of violation | ns, and enfor | cing conserva | tion easeme | ents during the | year |
| 8 | Does each conservation easement reported on lin | e 2(d) above satisfy the re | equirements | of section 170 | (h)(4)(B)(ı) |) | |
| | and section 170(h)(4)(B)(II)? | | | | | ☐ Yes | □ No |
| 9 | In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation ea | of the footnote to the orga | | | | , | |
| Pai | Organizations Maintaining Collect Complete if the organization answere | | | | · Similar <i>i</i> | Assets. | |
| 1a | If the organization elected, as permitted under SF art, historical treasures, or other similar assets he provide, in Part XIII, the text of the footnote to it | eld for public exhibition, ed | lucation, or r | esearch in fur | | | |
| b | If the organization elected, as permitted under SF historical treasures, or other similar assets held for following amounts relating to these items | AS 116 (ASC 958), to rep | ort in its reve | enue statemer | | | |
| (| (i) Revenue included on Form 990, Part VIII, line 1 | | | | ▶ \$ | | |
| (| ii)Assets included in Form 990, Part X | | | | ▶ \$ | | 55,433 |
| 2 | If the organization received or held works of art, following amounts required to be reported under | | | | ial gain, pro | ovide the | |
| а | Revenue included on Form 990, Part VIII, line 1 | | | | ▶ \$ | | |
| b | Assets included in Form 990, Part X | | | | ▶ \$ | | |
| For | Paperwork Reduction Act Notice, see the Instr | uctions for Form 990. | | Cat No. 52 | 2283D S o | chedule D (Fo | rm 990) 2016 |

 $\boldsymbol{c} \ \ \text{Leasehold improvements}$

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

 \boldsymbol{d} Equipment .

 ${f e}$ Other .

| Par | t IIII | Organizations Ma | aintaining Collections | of Art, Hi | stori | cal Ti | reasu | ires, or | Other | Similar A | ssets (| contını | ıed) | |
|------------|--|---------------------------------------|---|-----------------|------------------|----------|---------|------------|------------|-------------|--------------|---------|---------|----------|
| 3 | Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply) | | | | | | | | | | | | | |
| а | ✓ | Public exhibition | | | d | | Loan | or excha | nge prog | rams | | | | |
| b | | Scholarly research | | | e | | Othe | r | | | | | | |
| С | ✓ | Preservation for future | e generations | | | | | | | | | | | |
| 4 | | vide a description of the six XIII | organization's collections a | nd explain ho | ow the | y furth | ner the | e organiza | ation's ex | empt purp | ose ın | | | |
| 5 | During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes You | | | | | | | | | | | | | |
| Pa | rt IV | Escrow and Cust | todial Arrangements. | | | | | | | | | | | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. | | | | | | | | | | | | | |
| 1a | Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No | | | | | | | | | | | | | |
| Ь | If "Y | es." explain the arrange | ement in Part XIII and com | plete the follo | owina | table | | Г | | | Amount | | | _ |
| c | | inning balance | ement in rate xiii and com | prece the folio | 3 11 1119 | COBIC | | | 1c | <u> </u> | | | | - |
| d | _ | itions during the year | | | | | | | 1d | | | | | _ |
| е | | ributions during the year | r | | | | | = | 1e | | | | | _ |
| f | | ing balance | | | | | | | 1f | | | | | _ |
| 2 a | Did the organization include an amount on Form 900. Part V. line 21, for occrew or sustedial account liability? | | | | | | | | | | | | | |
| ь | - I fes I no | | | | | | | | | | | | | |
| | rt V | | ds. Complete if the orga | | | | | | | | | • • | | |
| | | Zilaovillolle i ali | <u></u> | rent year | | rior yea | | | | (d)Three ye | | (e)Fou | ır year | s back |
| 1a | Begin | ning of year balance . | | | | | | | | | | | | |
| b | Contr | ibutions | | | | | | | | | | | | |
| c | Net in | nvestment earnings, gair | ns, and losses | | | | | | | | | | | |
| d | Grant | s or scholarships | | | | | | | | | | | | |
| e | | expenditures for facilitien | es | | | | | | | | | | | |
| f | Admir | nistrative expenses . | | | | | | | | | | | | |
| g | End o | of year balance | | | | | | | | | | | | |
| 2 | Prov | vide the estimated percei | ntage of the current year e | nd balance (I | line 1g | g, colui | mn (a |)) held as | ; | | | | | |
| а | Boai | rd designated or quasi-e | endowment ▶ | | | | | | | | | | | |
| b | Pern | manent endowment 🕨 | | | | | | | | | | | | |
| С | Tem | porarily restricted endov | wment > | | | | | | | | | | | |
| | The | percentages on lines 2a | , 2b, and 2c should equal : | .00% | | | | | | | | | | |
| 3a | | there endowment funds anization by | not in the possession of th | e organizatio | n that | are h | eld an | d adminis | stered fo | r the | _ | 7 | Yes | No |
| | (i) unrelated organizations | | | | | | | | | | | | | |
| | | related organizations . | | | | | | | | | | a(ii) | | |
| | | | lated organizations listed a | • | | | · . | | | | | 3b | | |
| 4 •251 | | | ended uses of the organiza | lion's endowr | nent f | unds | | | | | | | | |
| -61 | rt VI | , , | ganization answered 'Ye | es' on Form | 990. | Part : | IV, lır | ne 11a. S | See Forr | n 990, Pa | ırt X, lın | e 10. | | |
| | Desc | ription of property | (a) Cost or other basis (investment) | (b)Cost or | | | • | | | epreciation | | (d)Book | value | |
| 1a | Land | | | | | 49 | 95,802 | | | | | | | 495,802 |
| | Buildi | | | | | |)5,652 | | | 1,318,999 | | | 1 | ,786,653 |
| | | - | | | | | | | | | | | | |

526,052

1,862,632

197,770

661,986

3,142,211

328,282

1,200,646

| Schedule D (Form 990) 2016 Part VII Investments—Other Securities. Complete if | the organization answer | red 'Yes' on Form 99 | Page 3 0. Part IV. line 11b. |
|--|-------------------------|-----------------------|--|
| See Form 990, Part X, line 12. (a) Description of security or category | (b)Book value | | od of valuation |
| (including name of security) | (b)Book value | | f-year market value |
| (1)Financial derivatives | | | |
| (3)Other(A) INVESTMENTS IN PRECIOUS METALS | 636,381 | | F |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12) | 636,381 | and Washas Farms O | 00 Part IV Iva 11a |
| Part VIII Investments—Program Related. Complete in See Form 990, Part X, line 13. (a) Description of investment | (b) Book value | (c) Metho | od of valuation f-year market value |
| (1) | | | 7 |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 13) | > | | |
| Part IX Other Assets. Complete if the organization answere (a) Description | | IV, line 11d See Form | 990, Part X, line 15 (b) Book value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15) | | | . • |
| Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25. | | | 1e or 11f. |
| (a) Description of liability (1) Federal income taxes | (b) Book | < value | |
| | | | |
| ASBESTOS REMOVAL FROM BUILDINGS | | 42,868 | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) | b | 42,868 | |
| 2. Liability for uncertain tax positions In Part XIII, provide the text organization's liability for uncertain tax positions under FIN 48 (ASC | | | _ |
| | , | | |

Part XI

2

а

b

c

d

е

3

1

2

а b

d

e 3

а

b

c

Part XIII

5

4

Schedule D (Form 990) 2016

Page 4

-68,761

13,497,669

-303,486

13,194,183

12,518,075

303,673

12.214.402

12,214,402

Schedule D (Form 990) 2015

Donated services and use of facilities . Recoveries of prior year grants . . .

Net unrealized gains (losses) on investments . . .

Other (Describe in Part XIII) . .

2d 4a

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

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

Add lines 2a through 2d

Subtract line 2e from line 1 . Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b. Other (Describe in Part XIII)

4 b Add lines 4a and 4b . . . c 5

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Part XII

Total expenses and losses per audited financial statements .

Donated services and use of facilities .

Prior year adjustments . . .

Other (Describe in Part XIII) .

Add lines 2a through 2d .

Add lines 4a and 4b .

Return Reference

See Additional Data Table

Subtract line 2e from line 1 .

Other losses .

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b .

Other (Describe in Part XIII)

Supplemental Information

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)

4b

2a

2b 2c

2d

4b

Explanation

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

2a

2b

2c

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

-40.821

-27,940

-303.486

303.673

2e

3

4c

2e

3

4c

5

| Page 5 | Schedule D (Form 990) 2015 | | | | |
|---------------|------------------------------------|-----------------------------|--|--|--|
| | tal Information <i>(continued)</i> | Part XIII Supplemental Info | | | |
| xplanation | | Return Reference | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Schedule D (Form 990) 2016

Additional Data

Software Version:

EIN: 23-7325778

ESE ITEMS ARE KEPT AT THE ORGANIZATION'S HEADQUARTERS WHERE GUESTS ARE RECEIVED

Name: THE FOUNDATION FOR A CHRISTIAN CIVILIZATION INC

| Suni | plemental | Informati |
|-------|-------------------------|------------------|
| - ~ P | o i c i i i c i i c a i | ziii Oi iii a ci |

ion

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 TH

Software ID:

| Return Reference | Explanation | | | | | |
|------------------|---|--|--|--|--|--|
| | 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 DUR ING THE YEAR ENDED JUNE 30, 2017, THE FOUNDATION HAD NO TAXABLE UNRELATED BUSINESS INCOME AND, ACCORDINGLY, NO PROVISION FOR INCOME TAXES IS REQUIRED IN THE ACCOMPANYING CONSOLIDAT ED 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 IS NO LONGER SUBJECT TO INCOME TAX POSITIONS. | | | | | |

Supplemental Information

RAL JURISDICTION. GENERALLY, THE FOUNDATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATION

S BY THE U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR THE YEARS BEFORE 2014

| Supplemental Information | |
|---|--|
| Return Reference | Explanation |
| PART XI, LINE 2D - OTHER ADJUSTMENTS | RELATED ENTITY ACTIVITIES INCLUDED IN CONSOLIDATED FINANCIAL STATEMENT -27,940 |

Sı

| upplemental Information | |
|---|--|
| Return Reference | Explanation |
| PART XI, LINE 4B - OTHER ADJUSTMENTS | COGS REPORTED ON LINE PART VIII, LINE 10B -303,486 |

Sι

| Supplemental Information | |
|--|--|
| Return Reference | Explanation |
| PART XII, LINE 2D - OTHER ADJUSTMENTS | RELATED ENTITY ACTIVITIES INCLUDED IN CONSOLIDATED FINANCIAL STATEMENT 187 COGS REPORTED ON LINE PART VIII, LINE 10B 303,486 |

| efile GRAPHIC prin | t - DO NOT I | PROCESS | As Filed Data | a - DLN: 93493312034837 | | | |
|--|--------------------------------|---|--|--|--|--|--|
| SCHEDULE F (Form 990) | State | tement of Activities Outside the United States | | | ited States | OMB No 1545-0047 | |
| (1 01111 000) | | ► Complet | _ | n answered "Yes" to Form | 990, | 2016 | |
| | | - A++ | Part IV, line | | Open to Public | | |
| Department of the Treasury Internal Revenue Service | ▶ Informa | ► Attach to Form 990. ► See separate instructions. Open to Public Inspection Inspection | | | | | |
| Name of the organization THE FOUNDATION FOR A | | | | | Employer ide | ntification number | |
| CIVILIZATION INC | CINISTIAN | | | | 23-7325778 | | |
| | Information , Part IV, line | | Outside the U | Inited States. Comple | te if the organization a | answered "Yes" to | |
| 1 For grantmaker | s. Does the org | ganızatıon maı | ntain records to s | substantiate the amount | of its grants and | | |
| • | - | • , | ne grants or assis | stance, and the selection | criteria used | | |
| to award the gra | nts or assistan | ce? | | | | 🗹 Yes 🗌 No | |
| 2 For grantmaker outside the Unite | | Part V the org | anızatıon's proce | dures for monitoring the | use of its grants and ot | her assistance | |
| 3 Activites per Regio | n (The followir | ng Part I, line 3 | table can be duplı | cated if additional space is | needed) | | |
| (a) Region | | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for and investments in region | |
| (1) See Add'l Data | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| 3a Sub-total b Total from continua Part I | ition sheets to | | 0 0 | | | 232,733 | |
| c Totals (add lines 3 | | Ala Tuaturation | O C | | No 50082W Schedu | 232,733 Ile F (Form 990) 2016 | |

| Schedule F (Form 990) | Schedule F (Form 990) 2016 Page 2 | | | | | | | | |
|----------------------------|---|---------------|--|-----------------------------|--|---|--|--|--|
| | Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. | | | | | | | | |
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) | |
| (1) | | SOUTH AMERICA | GENERAL SUPPORT | 144,000 | WIRE TRANSFER | | | | |
| (2) | | NORTH AMERICA | GENERAL SUPPORT | 16,000 | WIRE TRANSFER | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| | | | ed above that are recog ounsel has provided a s | | | | - | 1 | |

Schedule F (Form 990) 2016

(4) (5) (6)

(7) (8) (9)

(10) (11) (12) (13) (14) (15) (16)

(17) (18) Page **3**

Schedule F (Form 990) 2016

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 Part III can be duplicated if additional space is needed. (c) Number of (d) Amount of (e) Manner of cash (f) Amount of (h) Method of (a) Type of grant or assistance (b) Region (a) Description

| (a) Type of grant of assistance | (D) Region | recipients | cash grant | disbursement | non-cash assistance | of non-cash assistance | valuation (book, FMV, appraisal, other) |
|---------------------------------|------------|------------|------------|--------------|------------------------|---------------------------|---|
| (1) | | | | | | | |
| (2) | • | | | | | | |

| | | | assistance | assistance | (book, FMV, appraisal, other) |
|------|--|--|------------|------------|----------------------------------|
| (1) | | | | | |
| (2) | | | | | |

| (1) | | | | |
|-----|--|--|--|--|
| (2) | | | | |
| (3) | | | | |

| Sche | dule F (Form 990) 2016 | | Page 4 |
|------|---|---------------|---------------|
| Par | t IV Foreign Forms | | |
| 1 | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) | Yes | ☑ No |
| 2 | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately 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) | | |
| | 2.1.3.1. decidens for 1 5.1.1.5 5525 and 5525 fry | ☐ Yes | ☑ No |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471) | | |
| | Corporations (see Instructions for Form 5471) | \square Yes | ✓ No |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) | Yes | ☑ No |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865) | | |
| | (see Instructions for Form 6003) | ☐ Yes | ✓ No |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form | | |
| | 5713) | ∐ Yes | ✓ No |

| Schedule F (F | hedule F (Form 990) 2016 Page 5 | | | | | | |
|---------------------|--|--|--|--|--|--|--|
| | 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). | | | | | | |
| 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 THESE 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 Par | t I - Activities | Outside The U | Inited States |
|-------------------------|-----------------------|---------------|---------------|
| (-) D | (In) Niversity on the | (-) N | / d\ |

| (a) Region | (b) Number of | (c) Number of | (d) Activities cond |
|------------|----------------|---------------|---------------------|
| | offices in the | employees or | ın region (by type) |
| | region | agents in | fundraising, prog |
| | | region | services, grants |

VIGILS

| Form 990 Schedule F Par | t I - Activities | Outside The L | Inited States | | |
|-------------------------|------------------|---------------|----------------------------|-------------------------------|---|
| (a) Region | | | | (e) If activity listed in (d) | ĺ |
| | offices in the | employees or | ın region (by type) (ı e , | is a program service, | ĺ |
| | region | agents in | fundraising program | describe specific type of | 1 |

| (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 |
|------------------|---|--|--|--|--------------------------------------|
| 01.1711.44455504 | | | OD 441714414 | | 1 1 2 2 2 2 |

| NORTH AMERICA | 0 | 0 | GRANTMAKING | | 16,000 |
|---------------|--------|--------|---|----------------------|---------|
| SOUTH AMERICA | 0 | 0 | GRANTMAKING | | 146,900 |
| | region | region | services, grants to recipients located in the region) | service(s) in region | |

| | | | region) | | |
|---------------|---|---|------------------|---|---------|
| SOUTH AMERICA | 0 | 0 | GRANTMAKING | | 146,900 |
| NORTH AMERICA | 0 | 0 | GRANTMAKING | | 16,000 |
| SOUTH AMERICA | 0 | 0 | PROGRAM SERVICES | ATTENDING AND SPEAKING AT CONFERENCE AND PRAYER | 35,584 |

| Form 990 Schedule F Par | t I - Activities | Outside The U | Jnited 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 |
| EUROPE (INCLUDING ICELAND & GREENLAND) | 0 | 0 | PROGRAM SERVICES | ATTENDING CONFERENCES AND DELIVERING PRAYER PETITIONS | 28,019 |
| NORTH AMERICA | 0 | 0 | PROGRAM SERVICES | HELPING CAMPAIGN TO SPREAD DEVOTION TO OUR LADY | 253 |
| SUB-SAHARAN AFRICA | 0 | 0 | PROGRAM SERVICES | HELPING CAMPAIGN TO SPREAD DEVOTION TO OUR LADY | 3,770 |

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_ .. ---

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (e) If activity listed in (d) (f) Total expenditures (d) Activities conducted offices in the employees or ın region (by type) (i e , is a program service, for region describe specific type of agents in fundraising, program region services, grants to service(s) in region reaion recipients located in the region) MIDDLE FAST AND NORTH 0 PROGRAM SERVICES DELIVERING PRAYER 2.207 AFRICA PETITIONS

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As Filed Data -

DLN: 93493312034837

2016

OMB No 1545-0047

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

Open to Public

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

Attach to Form 990 or Form 990-F7.

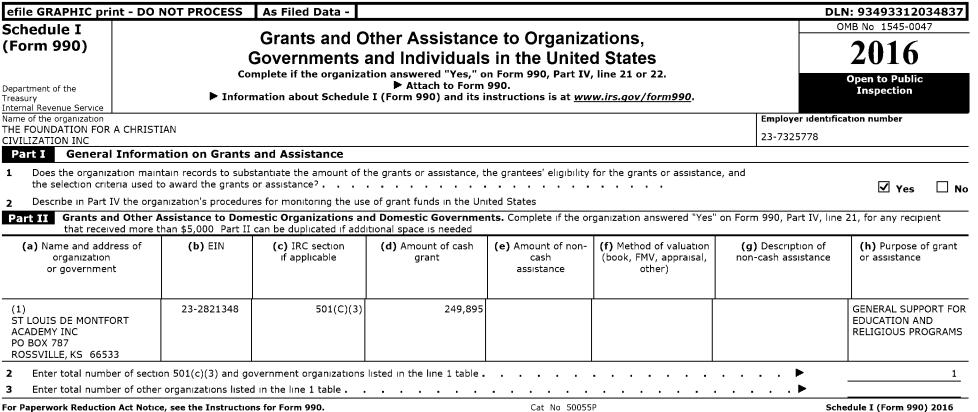
Inspection ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990. Name of the organization **Employer identification number** THE FOUNDATION FOR A CHRISTIAN CIVILIZATION INC 23-7325778 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply ✓ Mail solicitations ■ Solicitation of non-government grants ✓ Internet and email solicitations Solicitation of government grants Phone solicitations ☐ Special fundraising events ✓ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ✓ Yes ☐ No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to individual fundraiser have from activity (or retained by) (or retained by) custody or or entity (fundraiser) fundraiser listed in organization control of col (i) contributions? Yes No CONSULTING, DMW WORLDWIDE LLC DIRECT MAIL AND DATA ANALYSIS 701 LEE RD No 1,142,628 164,336 978,292 CHESTERBROOK, PA 19087 2 TELEMARKETING DONOR CARE CENTER INC 4535 STRAUSSER ST NW No 364,063 106,151 257,912 NORTH CANTON, OH 44720 TELEMARKETING J MILITO AND ASSOCIATES 6,295 1133 MAPLEGROVE DRIVE 0 -6,295 No NW GRAND RAPIDS, MI 49504 5 6 8 9 10 Total 1,506,691 276,782 1,229,909

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 licensina

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, UT, VA, WA, WV, WI, DC

| | gross receipts greater than \$5 | · | | | |
|-----------------|---|---------------------------|---|------------------|--|
| | | (a)Event #1 | (b) Event #2 | (c)Other events | (d) Total events |
| Revenue | | (event type) | (event type) | (total number) | (add col (a) through col (c)) |
| 1 | 1 Gross receipts | | | | |
| | 2 Less Contributions | | | | |
| 4 | 1 Cash prizes | | | | |
| ပ္ 5 | Noncash prizes | | | | |
| esuse 6 | 5 Rent/facility costs | | | | |
| Direct Expenses | 7 Food and beverages | | | | |
| ਰੂ 8 | | | | | |
| _ | Other direct expenses | | | | |
| | LO Direct expense summary Add lines 4 t | | | | |
| Part | I1 Net income summary Subtract line 10III Gaming. Complete if the organization | | | | more than \$15,000 |
| | on Form 990-EZ, line 6a. | anization answered Te | | I | T THO TO CHAIT \$15,000 |
| Revenue | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col (a) through col (c)) |
| | 1 Gross revenue | | | | |
| ses | Cash prizes | | | | |
| Expenses | 3 Noncash prizes | | | | |
| | Rent/facility costs | | | | |
| <u>ة</u> إ | 5 Other direct expenses | | | | |
| | | ☐ Yes% | ☐ Yes % | ☐ Yes % | |
| 6 | 5 Volunteer labor | ☐ No | □ No | □ No | |
| 7 | 7 Direct expense summary Add lines 2 t | hrough 5 in column (d) | | • | |
| <u></u> | Net gaming income summary Subtract | line 7 from line 1, colum | n (d) | | |
| | Enter the state(s) in which the organization | | | | |
| | Is the organization licensed to conduct ga If "No," explain | | these states? | | ☐ Yes ☐ No |
| | | | | | |
| | Were any of the organization's gaming lic | enses revoked, suspende | d or terminated during the | | Yes No |
| | | | | | |

| Sche | dule G (Form 990 or 990-EZ) 2016 | | | | | F | age |
|------|--|---|---|-----------|------------|---------|-----|
| 11 | Does the organization conduct gaming | j activities with nonmember | s? | | ☐Yes | □No | |
| 12 | Is the organization a grantor, benefici- formed to administer charitable gamin | | a member of a partnership or other entity | | □Yes | □No | |
| 13 | Indicate the percentage of gaming act | ivity conducted in | | | | | |
| а | The organization's facility | | | 13a | | | |
| b | An outside facility | | | 13b | | | (|
| 14 | Enter the name and address of the pe | rson who prepares the orga | nization's gaming/special events books and re | ecords | | | |
| | Name • | | | | | | |
| | Address > | | | | | | |
| 15a | Does the organization have a contract revenue? | with a third party from who | om the organization receives gaming | | □Yes | □No | |
| b | If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the | | | | | | |
| | amount of gaming revenue retained b | y the third party $ hildsymbol{ ho}$ \$ | | | | | |
| С | If "Yes," enter name and address of the | ne third party | | | | | |
| | Name • | | | | | | |
| | Address ► | | | | | | |
| 16 | Gaming manager information | | | | | | |
| | Name ► | | | | | | |
| | Gaming manager compensation $ hilder$ $\$$ | | | | | | |
| | Description of services provided | | | | | | |
| | ☐ Director/officer | ☐ Employee | ☐ Independent contractor | | | | |
| 17 | Mandatory distributions | | | | | | |
| а | , | te law to make charitable di | stributions from the gaming proceeds to | | _ | | |
| _ | retain the state gaming license? | | | | ☐ Yes | □ No | |
| b | · | | uted to other exempt organizations or spent | | | | |
| D. | in the organization's own exempt activ | | | - (···) - | and (). a | ad Dawt | |
| Pal | | l5c, 16, and 17b, as app | tions required by Part I, line 2b, column licable. Also complete this part to provid | | | | |
| | Return Reference | | Explanation | | | | |
| | | | <u>'</u> | ule G (F | orm 990 or | 990-EZ) | 201 |



AUDITED FINANCIAL AND NARRATIVE REPORTS DESCRIBING THE USE OF GRANT FUNDS FOR THE PURPOSES OF THE GRANT ARE REQUIRED FOR ORGANIZATIONS PART I, LINE 2 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) 2016

| efile GRAPHI | C print - DO NO | T PROCESS | S As Fi | iled Data - | | | | | DL | N: 93 | 4933 | 120 | 34837 |
|---|--|--|----------------------|---|---------------------------------|-------------------------|--------|-----------------|-----------------|---------------|---------------------|---------------|----------|
| Schedule L (Form 990 or 990 | I-EZ) | | ► Compl m 990, Pa | ns with li ete if the orga art IV, lines 2! 990-EZ, Part | anization and 5a, 25b, 26, 3 | swered 27, 28a, 28b, | | łc, | | | мв No 2 (| | |
| | | | ➤ Attac | h to Form 99 | or Form 99 | 0-EZ. | _ | | | | 4 U | 1 | U |
| Department of the Tre Internal Revenue Serv | asurv | ormation abo | out Schedu | ıle L (Form 99 www.irs.gov | |) and its inst | ructio | ns is | at | | Open i Insp | to Pi ecti | |
| Name of the org THE FOUNDATION CIVILIZATION INC | FOR A CHRISTIAN | | | | | | | • | yer ide 5778 | entifica | ition n | umb | er |
| | ss Benefit Trar lete if the organiza | | | | | | | | | ne 40b | | | |
| |) Name of disquali | | | Relationship be | tween disqua | | | (c) [| escrip | tion of | (d |) Cor | rected? |
| | | | | (| organization | | - | tr | ansact | ion | Y | es | No |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | _ | | | | + | | |
| Cor rep (a) Name of | nplete if the organ orted an amount o | the organization answered "Yes" on Form 990-EZ, Pa amount on Form 990, Part X, line 5, 6, or 22 lationship (c) Purpose of loan organization? | | Yes" on Form 990-EZ, Pa (, line 5, 6, or 22 Loan to or from the organization? | | | (g) | (g) In default? | | (h) | | (i)Written | |
| | | | То | From | 1 | | Yes | No | Yes | No | Yes | | No |
| | | | | | | | | | | | | | |
| | | | | | | | | | | - | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Total Part III Gra | nts or Assistar | ce Benefiti | na Inter | | ► \$ ns. | | | | | | | | |
| | nplete if the orga | | | | | line 27. | | | | | | | |
| (a) Name of inte | rested person (b | Relationship erested persor organizatio | n and the | (c) Amount | of assistance | (d) Type | of ass | stand | ce | (e) Pu | rpose o | of assi | stance |
| | | | | | | | | | + | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | 1 | | | -+ | | | | |
| For Danerwork Dec | luction Act Notice s | ee the Instruct | tions for Fo | rm 990 or 990-l | 7 (: | at No 50056∆ | | C al | hadula | I /Farm | 000 | . 000 | EZ) 2016 |

| Part IV Business Transactions Inve | Business Transactions Involving Interested Persons. | | | | | |
|------------------------------------|--|----------------------------------|--------------------------------|---------------------------------|------------------------|--|
| Complete if the organization a | answered "Yes" on Forn | n 990, Part IV, line 28a | a, 28b, or 28c. | | | |
| (a) Name of Interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sh o organiz reven | f ration's nues? | |
| | | | | Yes | No | |

| | organization | | |
|---------------------|---------------------------|--------|-------------|
| (1) ANNE L DRAKE | FAMILY MEMBER OF DIRECTOR | 13,363 | EMPLOYEMENT |
| (2) CHARLES M DRAKE | FAMILY MEMBER OF | 52,200 | EMPLOYEMENT |

DIRECTOR

DIRECTOR

DIRECTOR

FAMILY MEMBER OF

FAMILY MEMBER OF

(3) WILLIAM G DRAKE

Supplemental Information

Return Reference

(4) JOHN E RITCHIE

Part V

| INO |
|-----|
| No |
| No |

Nο

Page 2

| ructio | ons) | |
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| natio | on | |

Schedule I. (Form 990 or 990-F7) 2016

| efile GRAPHI | C print - DO NOT PROCESS | As Filed Data - | | DLN: | 93493312034837 |
|--|--|---|--|--------------------------------|---|
| SCHEDULI (Form 990 or EZ) | 990- Complete to pro Form 990 € | ovide information for or 990-EZ or to prov ▶ Attach to Form t Schedule O (Form | on to Form 990 or 9 responses to specific questing and additional information on 990 or 990-EZ. 990 or 990-EZ) and its instructory of the second sec | ons on n. | OMB No 1545-0047 2016 Open to Public Inspection |
| Name of the organic forms of the organic following the common of the organic following the common of | | on | | Employer identif 23-7325778 | ication number |
| Return Reference | | | Explanation | | |
| FORM 990, PART I, LINE 6, EXPLANTION OF VOLUNTEER ESTIMATE | APPROXIMATELY 30 FULL-TIME IODS MAKING CALLS TO RECRU LUNTEER ON A PART-TIME BAS | JIT ROSARY RALLY C | APTAINS AT THE VOLUNTEER | | |

Return Explanation

LINE 2

FORM 990, ANTONIO FRAGELLI AND LUIZ ANTONIO FRAGELLI - FAMILY RELATIONSHIP
PART VI,
SECTION A.

Return Explanation Reference

990 Schedule O, Supplemental Information

FORM 990, PART VI, OF MEMBERS THE MEMBERS ANNUALLY ELECT THE BOARD OF DIRECTORS AND MAY ACCEPT NEW MEMBERS OF REMOVE MEMBERS THEY MAY ALSO REMOVE DIRECTORS AND OFFICERS A MAJORITY OF THE MEMBERS MAY AMEND THE BYLAWS OF THE ORGANIZATION MEMBERS ARE PROHIBITED FROM SHARING IN CORPORATE FARNINGS.

Return Explanation
Reference

LINE 7A

FORM 990, PART VI, SECTION A.

Return Explanation
Reference

FORM 990, PER NEW YORK STATE LAW, THE MEMBERS OF THE ORGANIZATION ARE REQUIRED TO SIGN OFF ON THE DISSOLUTION OF THE ORGANIZATION SECTION A.

990 Schedule O, Supplemental Information

LINE 7B

Return Explanation
Reference

FORM 990, PART VI, EACH BOARD MEMBER THE BOARD OF DIRECTORS WILL REVIEW THE 990 AT ITS MONTHLY MEETING IN D
SECTION B, LINE 11B

| 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 ACTIVITIE S 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 FOUNDATION'S CHARITABLE PURPOSES AND DO NOT RESULT IN INUREMENT OR IMPERMISSIBLE PRIVATE BENEFIT | Return Reference | Explanation |
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| | PART VI, SECTION B, | 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 ACTIVITIE S 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 FOUNDATION'S CH |

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Return Explanation

FORM 990, PART VI, SECTION B, LINE 15

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990. NO DOCUMENTS AVAILABLE TO THE PUBLIC PART VI, SECTION C.

LINE 19

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493312034837 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** 2016 (Form 990) ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** THE FOUNDATION FOR A CHRISTIAN CIVILIZATION INC 23-7325778 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (a)
Name, address, and EIN (if applicable) of disregarded entity (b) (d) (e) Direct controlling Legal domicile (state Total income End-of-year assets Primary activity or foreign country) entity

| Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year. | ns Complete if the organ | ızatıon answered " | Yes" on Form 990, | Part IV, line 34 be | cause it had one or | more | |
|---|--------------------------------|---|----------------------------|--|-------------------------------------|---------------------------|--------------------------------------|
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | Section (13) co ent | g) n 512(b) ontrolled city? |
| (1)WESTERN HEMISPHERE CULTURAL SOCIETY INC 1358 JEFFERSON ROAD SPRING GROVE, PA 17362 13-3171782 | SUPPORTING ORGANIZATION | NY | 501(C)(3) | LINE 12A, I | N/A | Yes | No No |
| (2)ST LOUIS DE MONTFORT ACADEMY INC PO BOX 787 ROSSVILLE, KS 665330787 23-2821348 | BOARDING SCHOOL | PA | 501(C)(3) | LINE 2 | N/A | | No |
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| For Paperwork Reduction Act Notice, see the Instructions for Form | 990. | Cat No 50135 | Υ | | Schedule R (Form | 1990) 20 | J16 |

| | | 1 (1) | 1 1 | | 1 45 | 1 40 | 1 . | | | 1 () | | ., 1 | |
|---|-------------------------|-----------------------------------|---|--|---|-------------------------------------|---------------------------------------|-------------------|-------------------------|---|--------------------------|---------------------------------|---|
| (a) Name, address, and EIN of related organization | | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | Predominant income(related unrelated, excluded from tax under sections 512- | | | Olsprop alloca | | Code V-UBI amount in bot 20 of Schedule K-1 (Form 1065) | Gene man | j) eral or aging ener? | (k) Percenta ownersh |
| | | | | | 514) | | | Yes | No | | Yes | No | |
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| Identification of Related Organiza because it had one or more related or | | | | | | zation ansv | vered "Yes | " on Fo | orm 9 | 90, Part IV | , line | 34 | |
| Identification of Related Organiza because it had one or more related or (a) Name, address, and EIN of related organization | | L do (state | (c) egal micile or foreign | st during th | (d) controlling entity Type | (e) | vered "Yes (f) Share of total income | Share | (g) of end- year assets | of- Perce | , line i) ntage ership | Se (1 | (I) ection 512 3) control entity |
| because it had one or more related or (a) Name, address, and EIN of | rganizations treated as | L do (state | on or trus (c) egal micile | st during th | (d) controlling entity Type | (e) le of entity orp, S corp, | (f) Share of total | Share | (g) of end- year | of- Perce | 1) ntage | Se (1 | control |
| because it had one or more related or (a) Name, address, and EIN of | rganizations treated as | L do (state | (c) egal micile or foreign | st during th | (d) controlling entity Type | (e) le of entity orp, S corp, | (f) Share of total | Share | (g) of end- year | of- Perce | 1) ntage | Se (1 | 3) control entity? |
| because it had one or more related or (a) Name, address, and EIN of | rganizations treated as | L do (state | (c) egal micile or foreign | st during th | (d) controlling entity Type | (e) le of entity orp, S corp, | (f) Share of total | Share | (g) of end- year | of- Perce | 1) ntage | Se (1 | 3) control entity? |
| because it had one or more related or (a) Name, address, and EIN of | rganizations treated as | L do (state | (c) egal micile or foreign | st during th | (d) controlling entity Type | (e) le of entity orp, S corp, | (f) Share of total | Share | (g) of end- year | of- Perce | 1) ntage | Se (1 | 3) control entity? |
| because it had one or more related or (a) Name, address, and EIN of | rganizations treated as | L do (state | (c) egal micile or foreign | st during th | (d) controlling entity Type | (e) le of entity orp, S corp, | (f) Share of total | Share | (g) of end- year | of- Perce | 1) ntage | Se (1 | 3) control entity? |
| because it had one or more related or (a) Name, address, and EIN of | rganizations treated as | L do (state | (c) egal micile or foreign | st during th | (d) controlling entity Type | (e) le of entity orp, S corp, | (f) Share of total | Share | (g) of end- year | of- Perce | 1) ntage | Se (1 | 3 |

| Schedule R (Form 990) 2016 | | | | | Pa | ge 3 |
|--|---|------------------------|--|------------|--------|-------------|
| Part V Transactions With Related Organizations Complete if the organization answered "Y | Yes" on Form 990, Par | t 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 the tax year, did the organization engage in any of the following transactions with one or more relat | ed organizations listed in | Parts II-IV? | | П | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity | | | | 1a | | No |
| b Gift, grant, or capital contribution to related organization(s) | | | | 1b | Yes | |
| f c Gift, grant, or capital contribution from related organization(s) | | | | 1c | Yes | |
| d Loans or loan guarantees to or for related organization(s) | | | | 1d | | No |
| e Loans or loan guarantees by related organization(s) | | | | 1e | | No |
| f Dividends from related organization(s) | | | | 1f | | No |
| f g Sale of assets to related organization(s) | | | | 1 g | | No |
| h Purchase of assets from related organization(s) | | | | 1h | | No |
| i Exchange of assets with related organization(s) | | | | 1i | | No |
| ${f j}$ Lease of facilities, equipment, or other assets to related organization(s) | | | | 1j | | No |
| k Lease of facilities, equipment, or other assets from related organization(s) | | | | 1k | | No |
| l Performance of services or membership or fundraising solicitations for related organization(s) | | | | 11 | Yes | |
| $m{m}$ Performance of services or membership or fundraising solicitations by related organization(s) | | | | 1m | | No |
| ${f n}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | | | 1n | Yes | |
| o Sharing of paid employees with related organization(s) | | | | 10 | Yes | |
| p Reimbursement paid to related organization(s) for expenses | | | | 1p | | No |
| q Reimbursement paid by related organization(s) for expenses | | | | 1q | | No |
| r Other transfer of cash or property to related organization(s) | | | | 1r | | No |
| ${f s}$ Other 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 complete this | line, including covered r | elationships and tra | insaction thresholds | | | |
| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining a | mount in | volved | |
| (1)ST LOUIS DE MONTFORT ACADEMY INC | В | 249,895 | 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

| - | | | | | | | | | | | | |
|--|--------------------------------|--|-----|---|------------------------------------|--|--------------------------------------|----|---|-----------|--------|--------------------------------|
| (a) Name, address, and EIN of entity | (b) Primary activity | (d) Predominant income (related, unrelated, excluded from tax under sections 512- 514) | 01 | (e) e all partners section 501(c)(3) ganizations? | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproprtiona allocations? | | (1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | | g > | (k) Percentage ownership |
| | | 514) | Yes | No | | | Yes | No | | Yes | No | |
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