# Form 990

### Return of Organization Exempt From Income Tax

OMB No. 1545-0047 2011

Open to Public Inspection

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. Internal Revenue Service July 1 For the 2011 calendar year, or tax year beginning , 2011, and ending , 20 12 C Name of organization The Foundation for a Christian Civilization, Inc. D Employer identification number Doing Business As The American TFP, America Needs Fatima 23-7325778 Address change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Name change P.O. Box 787 Initial return 785-584-1112 City or town, state or country, and ZIP + 4 Terminated Rossville, KS 66533-0787 Amended return G Gross receipts \$ 8.599.953 Raymond E. Drake F Name and address of principal officer H(a) Is this a group return for affiliates? Tyes Vo No Application pending 1358 Jefferson Rd., Spring Grove, PA 17362 H(b) Are all affiliates included? Yes No 501(c)(3) 501(c) ( ) ◀ (insert no ) ☐ 4947(a)(1) or If "No," attach a list (see instructions) Tax-exempt status Website: ▶ tfp.org; anf.org; tfpstudenaction.org H(c) Group exemption number ▶ 1973 M State of legal domicile NY L Year of formation Part I Summary Briefly describe the organization's mission or most significant activities: To further the values of Christian Civilization by defending the principles of tradition, family and property. To spread the message of Our Lady of Fatima Activities & Governance throughout America. For this end, the corporation organized over 7,515 Public Square Rosary Rallies for America in October, 2011. Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) . . . . 3 7 4 2 Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 75 Total number of volunteers (estimate if necessary) . . . . . . 6 45 Total unrelated business revenue from Part VIII, column (C), line 12 0 7a 0 Net unrelated business taxable income from Form 990-T, line 34 7b Current Year Contributions and grants (Part VIII, line 1h). . . 8,100,414 8,000,347 9 Program service revenue (Part VIII, line 2g) 35.015 50,969 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . 10,643 9,817 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 311,281 379,721 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 8,457,353 8,440,854 13 389,788 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . . 391,155 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . . . n n 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 1,613,488 1,764,202 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . 213,406 217,725 h Total fundraising expenses (Part IX, column (D), line 25). Other expenses (Part IX, column (A), lines 11a-11d) (11 F24e) \/ \( \subseteq \). 17 5,790,242 5,694,914 18 Total expenses. Add lines 13-17 (must equal Part IX column (A), line 25 8,008,291 8,066,629 Revenue less expenses. Subtract line 18 from line 12 19 449.062 374.225 End of Year Beginning of Current Year 20 Total assets (Part X, line 16) 6,549,881 6,736,136 21 Total liabilities (Part X, line 26) . . 576,155 362,135 22 Net assets or fund balances. Subtract line 21 from/line 20 5,973,726 6,374,001 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 11/7/2012 amu Sign Signature of officer Here

Deniemin Type or print name and title Print/Type preparer's name Paid Kathryn Maresh Preparer **Deloitte Tax LLP** Firm's name **Use Only** Firm's address ▶ 1601 Dodge Street, Suite 3100, Omaha. N May the IRS discuss this return with the preparer shown above? (se For Paperwork Reduction Act Notice, see the separate instructions.

Part	
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	This society is a civic, cultural and nonpartisan organization which, inspired by the traditional teachings of the Supreme Magisterium of the Roman Catholic Church, works in a legal and peaceful manner in the realm of ideas to defend and promote the principles
	of private ownership, family and perennial Christian values with their twofold function: individual and social.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
•	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
-	expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of
	grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$
	Direct Mail Campaigns – America Needs Fatima was the Foundation's main direct mail campaign this year. Its goal is to spread the
	Fatima message of prayer and conversion throughout America. This year, an estimated total of 1.5 million letters were sent to current America 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, books about Blessed Francisco Marto,
	rosaries, Miraculous Medals, St. Benedict Medals, Sacred Heart photos and audio CDs with meditations on the Way of the Cross.
	Approximately 6,000 people agreed to consecrate themselves to the Immaculate Heart of Mary after receiving a letter encouraging
	them to do so. Three copies of the flyer titled St. Michael the Archangel and the Pro-Life Victory were sent to thousands of local
	activists around the country. Crusade magazine is also mailed six times a year to approximately 110,000 people. America Needs
	Fatima also distributed 1.6 million pictures of Our Lady of Fatima as part of its effort to enthrone Mary in Every Home.
4b	(Code: ) (Expenses \$ 1,251,738 including grants of \$ 14,424 ) (Revenue \$ 65,416 )
	Publications – The Foundation continued publishing its bi-monthly magazine, Crusade, which is sent to an average of 110,000
	people. The Foundation did another printing of the book An American Knight: The Life Colonel John W. Ripley, USMC. A total of
	18,726 books related to the furtherance of the values of Christian civilization were distributed during the fiscal year. The statement: "Who Do the Occupy Fort Benning Protestors Represent? – Unmasking the 0.99%"was published in the Ledger Inquirer in
	Columbus, Georgia. Also, a position paper was published in the Washington Times. The Foundation continued to maintain three
	websites: the TFP site, tfp.org, the America Needs Fatima site, anf.org, and the TFP student action website,
	tfpstudentaction.org. Several blogs also publish content produced by the Foundation. These sites and blogs received more than
	100,000 unique visitors each month. Generally one article or position paper is published each week on the TFP site. The two other
	sites publish information about the activities of each campaign.
4c	(Code: ) (Expenses \$ 811,721 including grants of \$ 16,786 ) (Revenue \$ 190,520 )
	Dissemination of Ideas – Personal contact with interested individuals and organizations continues to be an important way of
	furthering the values of Christian civilization. This personal contact continues to be done throughout the United States. The FCC
	operates five offices for this purpose: in Spring Grove, PA, McLean, VA; Park Ridge, IL; Orange, CA; and Honolulu, Hl. The
	Foundation also distributed hundreds of thousands of religious articles, including statues, rosaries, crucifixes, Miraculous Medals,
	Consecration cards, First Saturday pledges, and devotional audio CD's. FCC representatives gave 2,180 presentations on the message of Our Lady at Fatima in homes, schools, and nursing homes. An estimated 25,000 people attended a Fatima presentation
	last year.
	Other was green and in a (Danaiha in Oahadala O.)
4d	Other program services (Describe in Schedule O.) (Expenses \$ 2,444,093 including grants of \$ 345,790 ) (Revenue \$ 50,350 )
4e	(Expenses \$ 2,444,093 including grants of \$ 345,790 ) (Revenue \$ 50,350 )  Total program service expenses ▶ 6,441,605
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Form **990** (2011)

Form 99	0 (2011)		1	Page 3
Part	V Checklist of Required Schedules			
4	Is the association described in section E01/o/(2) or 4047/o/(1) (other than a private foundation)? If "Veg."		Yes	No
J	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	· -	1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	<b>√</b>	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	-	1
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		<b>/</b>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.		أسفند	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	:	1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	1	
e f	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.	11e	✓	1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	1	
b	and the second s	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<b>✓</b>
14 a		14a		<b>✓</b>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	1	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	1	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	1	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		<b>✓</b>
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		1
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<del>                                     </del>	† <del>-</del>

Part	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	✓	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	✓	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	23		1
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 25	24a		<b>√</b>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		<b>√</b>
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? <b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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>	24d 25a		√
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		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
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		1
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):	-		
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b	<b>√</b>	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	·	1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		<b>√</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	✓	
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			-
38	Part VI	37		✓
	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	✓	

Part				
	Check if Schedule O contains a response to any question in this Part V	•••	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   51		162	NO
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	- 1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	✓	-
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 75			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	
•	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	-	<b>✓</b>
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i> At any time during the calendar year, did the organization have an interest in, or a signature or other authority	3b		<u> </u>
4a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		/
b	If "Yes," enter the name of the foreign country:	,	بيديوت مربود	· · · · ·
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<b>✓</b>
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?	6a		<b>✓</b>
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
7	gifts were not tax deductible?	6b		\ \
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
_	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		_
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		✓
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		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f	_	✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
ь 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	7h		
J	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:		·	
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]			
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			
a b	Gross income from members or shareholders			
_	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b			-
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O.			
Ь	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			i
C 140	Enter the amount of reserves on hand			,
14a h	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		✓
	ii res, has trilled a rotti reso to report these payments? II ivo, provide an explanation in schedule O	140		

Form 99	· · · · · · · · · · · · · · · · · · ·			Page 6
Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
	Check if Schedule O contains a response to any question in this Part VI	<u></u>		✓
Secti	on A. Governing Body and Management	<del></del>		<del></del>
4 -			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 7		`	1 1
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar		`	
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 2		,	< <u>.</u>
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	,		·
	any other officer, director, trustee, or key employee?	2	<b>√</b>	
3	Did the organization delegate control over management duties customarily performed by or under the direct		•	
	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓
6	Did the organization have members or stockholders?	6 -	<b>√</b>	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	_		
<b>L</b>	one or more members of the governing body?	7a	✓	
b	stockholders, or persons other than the governing body?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	70		
_	the year by the following:	A	<b>,</b> , ,	
а	The governing body?	8a	1	
b	Each committee with authority to act on behalf of the governing body?	8b	<b>✓</b>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		✓
<u>Secti</u>	on B. Policies (This Section B requests information about policies not required by the Internal Reven	<u>ue Co</u>		
4.0			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		<b>✓</b>
D	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	<del></del>	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	*	<b>▼</b>	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	1	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		<b>√</b>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	✓	
13	Did the organization have a written whistleblower policy?	13	✓_	
14	Did the organization have a written document retention and destruction policy?		<b>√</b>	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	\$,		-
•			· **	** •
a b	The organization's CEO, Executive Director, or top management official	15a 15b		<u>v</u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	135		_
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	i		
	with a taxable entity during the year?	16a		<b>✓</b>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			1
	organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17 10	List the states with which a copy of this Form 990 is required to be filed ► See Schedule O for the list of states		-\/0\	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(0	၁)(၃)S	only)
	□ Own website			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict or	f inter	est n	olicy
	and financial statements available to the public during the tax year.	ii iteli	oor p	oncy,
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the		
	organization: ► Catherine E. Slobodnik, 426 Main St., Rossville, KS 66533 (785) 584-1112			

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

Check if Schedule O contains a response to any question in this Part VII . . .

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if neither the organization no	r any relate	d org	aniz	atic	n c	ompe	nsa	ted any currer	t officer, director	r, or trustee.	
(A) Name and Title	(B)  Average hours per week	box, office	unles	Pos neck ss pe d a d	more rson irect	e than o is both or/trust	n an tee)	(D)  Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) Raymond E. Drake, President and Director	50	<b>√</b>		1				0	0		0
(2) John W. Horvat, Vice-President and Director	50	<b>√</b>		1				0	0		0
(3) Luiz A. Fragellı, Director	40	1					_	54,000	0		0
(4) Gary J. Isbell, Director	40	<b>▼</b>						36,290	0		0
(5) C. Preston Noell, III, Director	40	1						o	0		0
(6) Robert E. Ritchie, Director	50	1						30,940	0		0
(7) Antonio Fragelli, Director	50	<b>√</b>						33,875	0		0
(8) Benjamin A. Hiegert, Secretary-Treasurer	40			1				39,000	o		0
(9)						·					_
(10)											_
(11)											_
(12)											_
(13)					-						_
(14)		_					-				_

Part	Section A. Officers, Directors, Trust  (A)  Name and title	(B) Average	(do n	ot ch	Pos eck s pe	c) ition more	than o	one n an	(D) Reportable	(E) Reportabl	le	(F) Estimated	
	•	hours per week (describe hours for related organizations in Schedule O)	Individua or directo	Institutional trustee	a Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation related organizatio (W-2/1099-M	ns	amount of other compensation from the organization and related organizations	1
(15)													
(16)												· <u>-</u>	
(17)			_										
(18)								-					
(19)												<u>-</u>	
(20)													
(21)								-					
(22)						_		_					
(23)				_									
(24)													
(25)						_							
1b	Sub-total								194,105		0		0
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Sectio	n A					<b>&gt;</b>	0 194,105		0		0
2	Total number of individuals (including but reportable compensation from the organi			ose	list	ted :	above	e) w	ho received m	ore than \$10	00,000	of	
3	Did the organization list any former of employee on line 1a? If "Yes," complete to	ficer, direc	tor, c					emp	oloyee, or high	est compe	nsated	Yes	No /
4	For any individual listed on line 1a, is the organization and related organizations individual											०० क <sub>े वि</sub> क्षाल	200 mg
5	Did any person listed on line 1a receive of for services rendered to the organization?									ation or ind			<u>,</u>
	on B. Independent Contractors	· · · · · · · · · · · · · · · · · · ·	•						· · · · · · · · · · · · · · · · · · ·		-		<u> </u>
1	Complete this table for your five highest compensation from the organization. Repyear.												ıx
	(A) Name and business add	ress							(B) Description of s	ervices		(C) Compensation	
	Worldwide, LLC, 36 Cordage Park Cir., Ste. 2 Care Center, Inc., 480 West Tuscarawas Ave					4420	13		ndraising consu emarketing func			<del></del>	0,751 4,945
2	Total number of independent contractor received more than \$100,000 of compens							) th	ose listed abo	ove) who			

_	990 (201	<u> </u>						Page 9
1 +	VIII	Statement of Revenu	ie		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	<ul> <li>Federated campaigns.</li> <li>Membership dues.</li> <li>Fundraising events.</li> <li>Related organizations.</li> <li>Government grants (contributions, gifts, and similar amounts not include</li> </ul>	1b 1c 1d utions) 1e grants,	0 0 0 0 0 0	, ,	~		
d di	g	Noncash contributions included i	n lines 1a-1f \$	0				
	h	Total. Add lines 1a-1f .		🕨	8,000,347			
Program Service Revenue				Business Code				
Ven	2a	Sales of Prints and Calend	dars	511190	619	619	0	0
8	b	Seminar & Camp Registra	tion Fees	900099	50,350	50,350	0	0
Š.	С				0	0	0	_ 0
Ser	d				0	0	0	0
аш	e				0	0	0	0
go	f	All other program service			0	0	0	0
	g	Total. Add lines 2a-2f			50,969			<u> </u>
	3	Investment income (income and other similar amount	ts)	•	8,556	0	0	8,556
	4	Income from investment of	•	•	0	0	0	0
	5	Royalties	(i) Real	(ii) Personal	0	0	0	0
	6a	Gross rents	50	0		. 20 0.5	4.	
	b	Less: rental expenses	0	0	The second	· · ·		13x
	C	Rental income or (loss)	50	0	» ` <b>%</b> ; >	. 1 4 2 2	*	.
	d	Net rental income or (loss)		•	50	0	0	50
	7a	<del>-</del>	(i) Securities	(ii) Other 4,644				`. · •
	b	Less: cost or other basis and sales expenses	0	3,383		٠,	<b>.</b>	*· · ·
	С	Gain or (loss)	0	1,262			:	
	d	Net gain or (loss)		▶	1,262	0	0	1,262
venue	8a	Gross income from fundation events (not including \$	raising 0	:			y 'Y	ý*
Other Revenue		of contributions reported of See Part IV, line 18	···a	0	-	v	•	
Ö	b	Less: direct expenses .  Net income or (loss) from		events . ►			0	
		Gross income from gamin See Part IV, line 19	ng activities.	events . P			U	0
	ь	Less: direct expenses .		0				
	1	Net income or (loss) from		vities ▶	0	0	0	0
		Gross sales of inver- returns and allowances		255,454				
	ь			(155,716)				
	<u> </u>	Net income or (loss) from			99,738	99,738	0	0
		Miscellaneous Rever		Business Code				
	11a	Rent Mail List to 501c3 or	g.	532000	279,223	0	0	279,223
	b	Credit Card Rewards		900099	500	0	0	500
	С	Insurance Proceeds		900099	106	0	0	106
	d	All other revenue		900099	105	0	0	105
	e	Total Add lines 11a-11c	· · · · · ·	🟲 🛚	279,934			
	12	Total revenue. See instr	uctions	<u> ▶</u>	8,440,854	150,706	0	289,801

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

require	ed to complete columns (B), (C), and (D).		<del> </del>		
	Check if Schedule O contains a respon				
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	193,288	193,288		
2	Grants and other assistance to individuals in				_
	the United States. See Part IV, line 22	6,890	6,890		
3	Grants and other assistance to governments,				
-	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	189,610	189,610		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors,				
	trustees, and key employees	163,447	133,520	13,422	16,505
6	Compensation not included above, to disqualified		155,525	10,122	
•	persons (as defined under section 4958(f)(1)) and		-		-
	persons described in section 4958(c)(3)(B)	195,005	159,111	16,088	19,806
7	Other salaries and wages	1,248,195	1.019.079	102,613	126,503
8	Pension plan accruals and contributions (include	1,2 10,100	1,010,070	102,010	120,000
	section 401(k) and 403(b) employer contributions)	اه	o	0	0
9	Other employee benefits		0	0	0
10	Payroll taxes	157,555	128,519	13,000	16,037
11	Fees for services (non-employees):	137,333	120,313	13,000	10,037
	Management	0	o		0
a	Legal	8,958	6,447	2,512	0
b	Accounting	39,105	0,447	39,105	0
ч С	-	39,103	0	39,105	0
d	Lobbying	217,725			<u></u>
e ₄	-	217,725	0	0	217,725
f	Investment management fees				0
g	Other	24,941	22,203	1,264	1,474
12	Advertising and promotion	6,748	6,698	0	51
13	Office expenses	232,700	196,732	10,200	25,768
14	Information technology	108,207	96,284	2,754	9,169
15	Royalties	0	0	0 00 110	0
16	Occupancy	481,717	426,943	26,413	28,360
17 18	Travel	589,206	552,764	14,030	22,413
10	Payments of travel or entertainment expenses for any federal, state, or local public officials				_
40	- · · · · · · · · · · · · · · · · · · ·	0	0	0	0
19	Conferences, conventions, and meetings .	79,616	79,616	0	0
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization .	264,310	228,859	11,749	23,701
23	Insurance	50,758	24,015	24,954	1,789
24	Other expenses. Itemize expenses not covered				<u> </u>
	above. (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				!
	(A) amount, list line 24e expenses on Schedule O.)				
а	Printing Expenses	1,199,287	1,014,313	881	184,093
Ь	Postage and Shipping	1,323,554	935,059	10,212	378,283
C	Mass Mailing Services	687,803	604,919	0	82,883
d	Consumables	204,729	180,147	11,670	12,911
е	All other expenses	393,275	236,589	24,541	132,145
25	Total functional expenses. Add lines 1 through 24e	8,066,629	6,441,605	325,407	1,299,616
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 following SOP 98-2 (ASC 958-720)	2,579,677	2,318,902	0	260,774

Part X **Balance Sheet** (A) (B) Beginning of year End of year 150,366 392,107 1 1 2 2 Savings and temporary cash investments . . . . . . . . . 2,182,196 2,250,647 3 3 0 0 17,925 4 4 9,191 Receivables from current and former officers, directors, trustees, key 5 employees, and highest compensated employees. Complete Part II of ol 5 n Receivables from other disqualified persons (as defined under section 6 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) . . . . . 0 6 0 Assets 7 0 7 0 8 480,253 8 490,678 Prepaid expenses and deferred charges . \_ . \_ 9 333,404 9 243,666 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 3,218,132 Less: accumulated depreciation . . . . 10b (1.407.326)1,831,335 10c 1.810.806 11 Investments—publicly traded securities . . . . . . . . . . . . . . . 0 11 0 12 Investments—other securities. See Part IV, line 11 . . . . . . . . 0 12 0 13 0 Investments—program-related. See Part IV, line 11 . . . . . . . o 13 14 ol 14 0 15 1,554,402 15 1,539,041 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . . . 6,549,881 16 6,736,136 17 545,490 17. 327,956 Accounts payable and accrued expenses . . . . . . . . . . 18 18 0 0 19 0 19 0 20 ol 20 0 21 0 Escrow or custodial account liability. Complete Part IV of Schedule D . 21 0 Payables to current and former officers, directors, trustees, key 22 Liabilities employees, highest compensated employees, and disqualified persons. 0 22 0 23 Secured mortgages and notes payable to unrelated third parties . . . 0 23 0 24 Unsecured notes and loans payable to unrelated third parties . . . ol 24 0 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 30,665 34,179 25 26 Total liabilities. Add lines 17 through 25 . . . . 576,155 26 362.135 Organizations that follow SFAS 117, check here ▶ ✓ and complete . .. **Net Assets or Fund Balances** lines 27 through 29, and lines 33 and 34. 27 18,407,479 27 22,320,837 28 (12,434,201) 28 (15,946,836) 29 29 O Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds . . . . . . . . . 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 32 Retained earnings, endowment, accumulated income, or other funds. 32 33 5,973,726 33 6,374,001 34 Total liabilities and net assets/fund balances . . . . . . . . . . . 6,549,881 34 6,736,136

Part	Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI		<u> </u>		<b>✓</b>
	T. I. ( ) I. D. ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			0,854
2	Total expenses (must equal Part IX, column (A), line 25)	2		(8,066	<u>-</u> _
3	Revenue less expenses. Subtract line 2 from line 1	3			4,225
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		5,97	3,726
5	Other changes in net assets or fund balances (explain in Schedule O)	5		2	6,050
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,				
	column (B))	6		6,37	4,001
Part					
	Check if Schedule O contains a response to any question in this Part XII	· ·	<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990:  Cash Accrual Other		_	, `;;	Š ;
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın ı	n s	ř.	·
	Schedule O.				2.
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	✓	
b	Were the organization's financial statements audited by an independent accountant?		. 2b	✓	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or				
	of the audit, review, or compilation of its financial statements and selection of an independent account	intant?	? 2c	✓	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain i	in 🔣	A. Y	
	Schedule O.		ı "	77	,FW
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the ye	ar wer	e l		
	issued on a separate basis, consolidated basis, or both:				1.7
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			. ""	2 /200
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth i	n T		
	the Single Audit Act and OMB Circular A-133?		.   3a	, 1	✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rgo th	e		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits	3ь		
			Form	n 990	(2011)

#### **SCHEDULE A** (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

OMB No 1545-0047 2011

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

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Open to Public Inspection Employer identification number

The	Fou	ndation for a Ch	nristıan Civilizatio	n, Inc.						23-732	5778		
Pa	rt I	Reason f	or Public Cha	<b>rity Status</b> (All orga	nızatıon	s must c	omplete	this pa	rt.) See i	instruction	ns.		
The	orga	anization is not	a private founda	ition because it is: (Fo	r lines 1 t	through 1	1, check	only one	e box.)				
1				hes, or association of			ed in <b>sec</b>	tion 170	(b)(1)(A)(i	i).			
2		A school desc	ribed in <b>section</b>	170(b)(1)(A)(ii). (Attac	ch Sched	ule E.)							
3				spital service organiza									
4			earch organizatione, city, and state	on operated in conjunc e:	ction with	a hospit	al descri	bed in <b>se</b>	ection 17	0(b)(1)(A)(i	iii). Ente	er the	
_ 5			on operated for )(1)(A)(iv). (Com	the benefit of a collect plete Part II.)	ge or uni	versity o	wned or	operated	by a go	vernmenta	al unit (	describ	oed in
6		A federal, state	e, or local gover	nment or government	al unit de	scribed in	section	170(b)(1	1)(A)(v).				
<b>7</b>	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)												
8		A community	trust described i	n section 170(b)(1)(A)	<b>)(vi).</b> (Cor	nplete Pa	art II.)						
9		An organization	on that normally	receives: (1) more that	an 33¹/₃%	of its su	upport fro	om contr	ibutions.	memberst	nip fees	s. and	aross
				d to its exempt funct									
		- •	-	ent income and unrel				•		n 511 tax	) from	busin	esses
		acquired by th	ne organization a	fter June 30, 1975. Se	ee <b>sectio</b>	n 509(a)(	<b>2).</b> (Com	plete Par	t III.)				
10		An organizatio	n organized and	l operated exclusively	to test for	or public s	safety. Se	e <b>sectio</b>	n 509(a)(	(4).			
11				nd operated exclusive									
				licly supported organ								3ee <b>s∈</b>	ection
_				describes the type of						<u>-</u>			
		a ☐ Type I				III-Funct		~		d □			
•	; <u> </u>			that the organization									
				ers and other than one	e or more	publicly	support	ed organ	izations o	described	in sect	on 50	9(a)(1)
		or section 509						_					
1				a written determination	on from 1	the IRS 1	that it is	a Type	i, type	II, or Type	e III su	pporti	ng
	_	-	check this box .	· · · · · · · · ·									· ⊔
9	3	following pers	ons?	he organization accer	-								
				ndirectly controls, eith							d	Yes	No
				ody of the supported o	-						11g(	i)	<u> </u>
			•	on described in (i) abo							11g(i	i)	<u> </u>
				a person described in							11g(:	i)	<u> </u>
			·	on about the supporte									
(i		ne of supported ganization	(ii) EIN	(iii) Type of organization (described on lines 1-9		rganization sted in your		ou notify nization in		is the tion in col		Amount apport	of
	σ.	9==4.1.0		above or IRC section		document?	col (i)	of your	(i) organi	zed in the		арроп	
				(see instructions))	Yes	No	Yes	No No	Yes	No			
					162	NO	162	NO	Tes	NO			
(A)					İ			}					
									<u> </u>	<del>  </del>			
(B)								}					
				<u>'</u>					<del> </del>	<del>                                     </del>			
(C)													
(D)									-				
(D)					_								
(E)													
_											•		

Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Secti	on A. Public Support				·	. — <u>'</u>	
Calen	dar year (or fiscal year beginning in) ▶	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7,194,660	6,900,636	7,026,371	8,100,414	8,000,347	37,222,429
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0;	0	0	0	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4	Total. Add lines 1 through 3	7,194,660	6,900,636	7,026,371	8,100,414	8,000,347	37,222,429
5	The portion of total contributions by each person (other than a					10 mm 1 m	
	governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)		,				0
6	Public support. Subtract line 5 from line 4.	***				*	37,222,429
	on B. Total Support	<u>l                                     </u>					
	dar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	7,194,660	6,900,636	7,026,371	8,100,414	8,000,347	37,222,429
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on	56,523	20,965	13,411	10,703	8,606	110,208
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	o	0	0	0	0
11 12 13	<b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities, etc <b>First five years.</b> If the Form 990 is for the first five years.	ne organization	•	d, third, fourth		12 ear as a sectio	37,332,637 1,783,463 n 501(c)(3)
	organization, check this box and stop he						▶ 🗀
	on C. Computation of Public Suppor						
14	Public support percentage for 2011 (line 6					14	99.70 %
15 16a	Public support percentage from 2010 Scl 33 <sup>1</sup> / <sub>3</sub> % support test—2011. If the organi					15	97.01 %
. 04	box and <b>stop here.</b> The organization qua						
b	331/3% support test—2010. If the organ check this box and stop here. The organ	nization did no	t check a box	on line 13 or	16a, and line		• •
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part IV how the organization meets the "f	ets the "facts-a acts-and-circu	and-circumstai mstances" tes	nces" test, che t. The organiza	eck this box an	id <b>stop here.</b> E	xplain in ipported
b	organization	010. If the orga tion meets the leets the "facts	facts-and-cir- and-circumst-	ot check a box rcumstances" ances" test. T	test, check th	is box and ste	op here.
40	•••						. ▶ 🗆
18	<b>Private foundation.</b> If the organization di instructions						see · ▶ □

## Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.) If the organization fails to qualify under the tests listed below, please complete Part II.)

Section	on A. Public Support	under the te	30 1300 500	ow, picase ce	mpiete i dit		
	dar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees	(a) 2007	( <b>b)</b> 2000	(6) 2003	(4) 2010	(6) 2011	(i) Total
•	received. (Do not include any "unusual grants.")		[				
2	Gross receipts from admissions, merchandise						<del></del>
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
3	organization's tax-exempt purpose					<u> </u>	
3	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid						
	to or expended on its behalf	[					
_	•						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge					=	
_	_						<del></del>
6 70	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3			······································	<del>-</del>		
7a	received from disqualified persons .						
	•			<u> </u>			
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000				,		
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from		1988 1 3 B. (1981 S	1 2 mm	<u>,</u>		
_	line 6.)	1.7.5.	1 1 74 1 7 7 7	v <sub>1</sub> ≥ 4 ( 36 26 77 28		- # x \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
Secti	on B. Total Support	<u> </u>				I	
	dar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	<b>(e)</b> 2011	(f) Total
9	Amounts from line 6			· · · · · · · · · · · · · · · · · · ·	, ,	` '	
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses					j	
	acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether					ļ	
	or not the business is regularly carried on						
12	Other income. Do not include gain or					ĺ	
	loss from the sale of capital assets	1					
	(Explain in Part IV.)		ļ				
13	Total support. (Add lines 9, 10c, 11,						
4.4	and 12.)		ale first sees	المساحة المائمة	Or fifth to	00, 00 0 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	501(a)(2)
14	First five years. If the Form 990 is for the organization, check this box and stop he	=			-		
Socti	on C. Computation of Public Suppor			• • • • •	• • • • •		· · <u></u> • <u> </u>
15	Public support percentage for 2011 (line	<del></del>		3 column (ft)		15	%
16	.,		•				<del></del>
	Public support percentage from 2010 Sc	nouvio A, Fall		<u>· · · · · · · · · · · · · · · · · · · </u>	<u> </u>	1 10	70
	Public support percentage from 2010 Sc		ntage				
	on D. Computation of Investment In	come Perce		v line 13 colur	nn (fl)	17	%
17	on D. Computation of Investment In Investment income percentage for 2011 (	come Perce (line 10c, colur	nn (f) divided b	•			<u>%</u>
17 18	on D. Computation of Investment In Investment income percentage for 2011 Investment income percentage from 2010	come Perce (line 10c, colur O Schedule A,	nn (f) divided b Part III, line 17			18	%
17	Investment income percentage for 2011 investment income percentage from 2010 investment income percentage from 2010 331/2% support tests—2011. If the organ	(line 10c, colunt Schedule A, nization did not	nn (f) divided b Part III, line 17 check the box			18 nore than 331/39/	% and line
17 18	on D. Computation of Investment In Investment income percentage for 2011 Investment income percentage from 2010	(line 10c, colur 0 Schedule A, nization did not and stop here	nn (f) divided b Part III, line 17 check the box The organizati			18 nore than 331/39/orted organization	% 6, and line on . ► □
17 18 19a	Investment income percentage for 2011 (Investment income percentage from 2010 331/3% support tests—2011. If the organ 17 is not more than 331/3%, check this box	come Perce (line 10c, colun 0 Schedule A, nization did not and stop here zation did not c	nn (f) divided b Part III, line 17 check the box The organizations check a box on	on line 14, and on qualifies as a line 14 or line 1	nd line 15 is ma publicly supp	18 nore than 33½% orted organizations is more than 3	% 6, and line on . ► □ 3¹/3%, and

#### **SCHEDULE C** (Form 990 or 990-EZ)

## **Political Campaign and Lobbying Activities**

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

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

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B Do not complete Part II-A

If the organization answered "Ves" to Form 990, Part IV line 5 (Provy Tay) or Form 990-F7, Part V, line 35c (Provy Tay), then

n the c	-	to rollingso, Fait IV, line 5 (Floxy I	ax) of Form 990-L	.z., Fait v, line 33c (Froxy 18	ax), trien
	ection 501(c)(4), (5), or (6) orga of organization	anizations: Complete Part III	<del></del>	I Emmlesses idea	Aification mumban
	•	wilingsing Inc		Employer ider	ntification number
	oundation for a Christian Ci		1: 504/		23-7325778
Part		e organization is exempt und			organization.
_1_		the organization's direct and indire			
2	•				
3	Volunteer hours				
Part	Complete if the	e organization is exempt und	or spetion 501/	0)(3)	
1		excise tax incurred by the organiza			· · · · · · · · · · · · · · · · · · ·
2		excise tax incurred by the organization			, 
3		ed a section 4955 tax, did it file For			Yes No
3 4a		ed a section 4955 tax, did it file For			Yes No
ча b	If "Yes," describe in Part				Lites Lino
Part		e organization is exempt und	er section 501/	c) except section 501	(c)(3)
1		ly expended by the filing organiz			(0)(0).
•		· · · · · · · · · · · · · · · · · · ·		\$	
2		filing organization's funds contrib		· · · · · · · · · · · · · · · · · · ·	
_		vities			
3		expenditures. Add lines 1 and 2.			····
•					
4		file Form 1120-POL for this year?		·	Yes No
5		ses and employer identification nur			
3		ents. For each organization listed, o			
		ontributions received that were pro-			
		fund or a political action committee			
		<u> </u>	· · · · · · · · · · · · · · · · · · ·		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds If none, enter -0-	promptly and directly
					delivered to a separate political organization. If
					none, enter -0-
<i>(4)</i>					
(1)					
(2)					
<del></del>					
(3)					
	· · · · · · · · · · · · · · · · · · ·				
(4)					
(5)					
(6)		}	•		

Pa	art II-A	Complete if the organization section 501(h)).	is exempt under section 501(c)(3) and filed	d Form 5768 (ele	ection under				
A	Check ▶		ongs to an affiliated group (and list in Part IV esses, and share of excess lobbying expenditur		oup member's				
В	Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.								
		Limits on Lobby	ying Expenditures	(a) Filing	(b) Affiliated				
		(The term "expenditures" me	ans amounts paid or incurred.)	organization's totals	group totals				
1	1a Total	obbying expenditures to influence	public opinion (grass roots lobbying)	3,274	0				
	<b>b</b> Total	obbying expenditures to influence	0	0					
	c Total	obbying expenditures (add lines 1a	3,274	0					
	<b>d</b> Other	exempt purpose expenditures		7,968,397	_ 0				
	e Total	exempt purpose expenditures (add	7,971,672	0					
	f Lobby colum	ring nontaxable amount. Enter t	548,584	548,584					
	If the a	mount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		28.44				
	Not ove	er \$500,000	20% of the amount on line 1e.	* * * * * * * * * * * * * * * * * * * *					
	Over \$	500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	ar it milioner					
-	Over \$	1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	The state of the state of					
	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		in the second				
	<b>g</b> Grass	roots nontaxable amount (enter 259	% of line 1f)	137,146	0				
	h Subtra	act line 1g from line 1a. If zero or les	ss, enter -0	0	0				
		act line 1f from line 1c. If zero or les	•	0	0				
		re is an amount other than zero on section 4911 tax for this year?	on either line 1h or line 1i, did the organization	file Form 4720	Yes No				
	4-Year Averaging Period Under Section 501(h)								

	Lobby	ying Expenditures	During 4-Year Av	veraging Period		
	Calendar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	(d) 2011	(e) Total
2a	Lobbying nontaxable amount	471,050	505,099	546,364	548,584	2,071,097
b	Lobbying ceiling amount (150% of line 2a, column (e))					3,106,645
С	Total lobbying expenditures	589	10,610	2,101	3,274	16,574
d	Grassroots nontaxable amount	117,763	126,275	136,591	137,146	517,775
е	Grassroots ceiling amount (150% of line 2d, column (e))			Signal of		776,662
f	Grassroots lobbying expenditures	0	9.976	i e	3.274	13.478

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Schedule C (Form 990 or 990-EZ) 2011

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Form	5768		
For e	ach "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description	(6	a)		(b)	
	lobbying activity.	Yes	No	A	mount	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:		1/A)	, ,		/
а	Volunteers?				. ,	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			<u> </u>	, <del>,</del> ,	i
C	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i_	_Other_activities?					
j	Total. Add lines 1c through 1i	West.	1 - 20 Ban /			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					, 
b	If "Yes," enter the amount of any tax incurred under section 4912	1000				
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	<u> </u>	<u>L</u>	*		· .
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6).	c)(5), d	or se	ction		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2.		-
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3	L	
Part	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" Canswered "Yes."  Dues, assessments and similar amounts from members	PR (b)			ine 3	3, is 
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).	S OT				
а	Current year		2a			
b	Carryover from last year		2b			
С	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion c excess does the organization agree to carryover to the reasonable estimate of nondeductible lobble setting the control of th	ying	. š. 			
_	and political expenditure next year?		4			
_5	Taxable amount of lobbying and political expenditures (see instructions)		5			
	Supplemental Information lete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5 o, complete this part for any additional information.	Part II	I-A; ar	d Part	II-B,	line
				<b></b>		<b></b>

	m 990 or 990-EZ) 2011	Page 4
Part IV	Supplemental Information (continued)	
	<del>`</del>	· · · · · · · · · · · · · · · · · · ·
_		
<u> </u>		.==
· • • • • • • • • • • • • • • • • • • •		
<u>-</u>		
		· <b></b>
·	······································	
	······································	

#### SCHEDULE D (Form 990)

## **Supplemental Financial Statements**

OMB No 1545-0047

2011

Department of the Treasury Internal Revenue Service ➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

	alo figamenani		Employer Identification Hamber			
The F	oundation for a Christian Civilization, Inc.		23-7325778			
Par	Organizations Maintaining Don	or Advised Funds or Other Similar Fu	inds or Accounts. Complete if the			
	organization answered "Yes" to F	orm 990, Part IV, line 6.	·			
		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year					
2	Aggregate contributions to (during year) .					
3	Aggregate grants from (during year)		· · · · · · · · · · · · · · · · · · ·			
4	Aggregate value at end of year					
5	Did the organization inform all donors and	donor advisors in writing that the assets	held in donor advised			
	funds are the organization's property, subje					
6	Did the organization inform all grantees, do	-				
	only for charitable purposes and not for the					
	conferring impermissible private benefit?		· · · · · · · · · · · · · · · · · · ·			
Par	Conservation Easements. Com	olete if the organization answered "Yes	" to Form 990 Part IV line 7			
1	Purpose(s) of conservation easements held		to rolling 30, rait iv, line r.			
•	Preservation of land for public use (e.g.,		of an historically important land area			
	Protection of natural habitat		of a certified historic structure			
	Preservation of open space	Freservation	or a certified historic structure			
2	Complete lines 2a through 2d if the organiz	ation held a qualified conservation contribut	tion in the form of a consequation			
2	easement on the last day of the tax year.	ation held a qualified conservation contribut	don'n the form of a conservation			
	casement on the last day of the tax year.		Held at the End of the Tax Year			
_	Total number of agreementing agreements		*			
a						
b	Total acreage restricted by conservation ea					
C	Number of conservation easements on a ce					
d	Number of conservation easements include historic structure listed in the National Register.		l l			
•						
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization d						
	tax year ►					
4	Number of states where property subject to					
5	Does the organization have a written po- violations, and enforcement of the conserva-		·			
6						
6	Staff and volunteer hours devoted to monito	oring, inspecting, and enforcing conservation	n easements during the year			
-	Amount of avances in a word in acceptance	in	and a second and a second and a second			
7	Amount of expenses incurred in monitoring ►\$	inspecting, and enforcing conservation eas	sements during the year			
8		l an line O(d) about action the way income	of			
0	Does each conservation easement reported (i) and section 170(h)(4)(B)(ii)?	• • • • • • • • • • • • • • • • • • • •				
_			· · · · · · · · · · · · · · · · · · ·			
9	In Part XIV, describe how the organization r					
	balance sheet, and include, if applicable, the organization's accounting for conservation	<del>_</del>	mancial statements that describes the			
Pari			Other Circiles Assets			
Far		ections of Art, Historical Treasures, o				
		vered "Yes" to Form 990, Part IV, line 8				
1a	If the organization elected, as permitted un	• • • • • • • • • • • • • • • • • • • •				
	works of art, historical treasures, or other public service, provide, in Part XIV, the text					
b	If the organization elected, as permitted u	, , ,				
	works of art, historical treasures, or other		education, or research in furtherance of			
	public service, provide the following amoun	is relating to these items:				
	(i) Revenues included in Form 990, Part VII	l, line 1	<b>▶</b> \$			
_	(ii) Assets included in Form 990, Part X .		▶ \$			
2	If the organization received or held works					
	following amounts required to be reported u					
а	Revenues included in Form 990, Part VIII, lii	ne 1	<b>&gt;</b> \$			
b	Assets included in Form 990, Part X		<b>&gt;</b> \$			

Part	III Organizations Maintaining	Collections o	f Art, His	torical 1	reasures	, or Ot	her Similar As	sets (cor	ntinued)
3	Using the organization's acquisition, collection items (check all that apply):		other reco	rds, chec	k any of th	ne follow	ving that are a s	ignificant	use of its
а	☐ Public exhibition		d	☐ Loan	or exchang	ge progr	rams		
b	Scholarly research								
С	☐ Preservation for future generations	3					•••••		
4	Provide a description of the organization XIV.		and expl	ain how t	hey further	the org	anization's exer	npt purpos	se in Part
5		adjust or reasing			historical t				
3	During the year, did the organization assets to be sold to raise funds rather	than to be main	tained as	is or art,	o organizat	reasures	s, or other similar	ar 🗀 😼	
Dowl									
Part	line 9, or reported an amoun				janization	answer	ed tes to Fo	orm 990, i	Part IV,
4-						··			
1a	Is the organization an agent, trustee,	custodian or o	tner intern	nediary to	or contribu	tions or	other assets no		
	included on Form 990, Part X?					• • • •		∐ Yes	s 🗌 No
b	If "Yes," explain the arrangement in Pa	art XIV and comp	olete the fo	ollowing t	able:		1		
						<u> </u>		mount	
C	Beginning balance	· <del></del> ·	<del>-:</del>	· <u> -</u> ·		<u> _1c</u>		·	
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amoun		Part X, line	21? .				☐ Yes	S 🗌 No
b									
Part	V Endowment Funds. Comple		ization ar	nswered					
		(a) Current year	(b) Pn	or year	(c) Two yea	rs back	(d) Three years back	1 ' '	ears back
1a	Beginning of year balance							S 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
b	Contributions					:			- '
C	Net investment earnings, gains, and							A,224.4	<u></u>
	losses					ŀ		-4-25/16/01	
d	Grants or scholarships				1	Ì		<b>編: 12</b> 7	a**
е	Other expenditures for facilities and							AND TOP TOTAL	why with a
	programs		1					1 × 10 4 5	
f	Administrative expenses		1	• • • • • • • • • • • • • • • • • • • •		Ì		K1, 45 100\$4	
g	End of year balance	-						18	i
2	Provide the estimated percentage of t	he current vear e	end balanc	e (line 1d	ı. column (a	a)) held a		L	
а	Board designated or quasi-endowmer	nt ▶	%	( , , , , , , , , , , , , , , , , , , ,	,, (-	-,,			
b	Permanent endowment ▶	%							
С	Temporarily restricted endowment ▶	<sup>/-</sup>							
-	The percentages in lines 2a, 2b, and 2		100%						
3a	Are there endowment funds not in the			zation tha	at are held	and adr	ministered for th	e	
	organization by:	•	J						es No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" to 3a(ii), are the related organi							3b	<del></del>
4	Describe in Part XIV the intended uses		•					00	
Part							<u> </u>		
ı aı c	Description of property	(a) Cost or		1	or other basis	(a) (	Accumulated	(d) Book	
	bescription of property	(invest		1	ther)		preciation	(d) DOOK	value
12	Land		0		437,988				437,988
1a 5	Buildings	·	0	<del> </del>					724,638
b	5	·	0		1,244,544		519,906		
C	Leasehold improvements	·					0		620 100
d	Equipment	·	0		1,526,600		887,420		639,180
e T-A-1	Other	<u> </u>	0	L	9,000		0		9,000
ı otal.	Add lines 1a through 1e. (Column (d) n	nust equal Form	990, Part )	x, column	1 (B), line 10	J(C).) .	▶	•	1,810,806

Part VII Investments – Other Securities	See Form 990, Part X,	line 12.	<del></del> :
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuate Cost or end-of-year mark	
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(I)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ► Part VIII Investments—Program Relate	d Soc Form 000 Part V	lino 12	
	1		-
(a) Description of investment type	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)	• • • • • • • • • • • • • • • • • • • •		
(10)			······································
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			« « « « »
Part IX Other Assets. See Form 990, Pa	art X, line 15.		<u> </u>
	a) Description		(b) Book value
(1) Decorational Works of Art			47,066
(2) Land Improvements (less depreciation)			155,409
(3) Building Improvements (less depreciation)			944,893
(4) Asbestos Removal from Buildings			7,314
(5) Advances to Employees and Volunteers			3,487
(6) Investment in Precious Metals at Market Value			380,871
(7)			
(8)			
(9)			
(10)	-1 (D) (in - 15 )		
Total. (Column (b) must equal Form 990, Part X, c Part X Other Liabilities. See Form 990	, ,	· · · · · · · · · · · · · · · · · · ·	1,539,041
1. (a) Description of liability	(b) Book value		
(1) Federal income taxes	0		
(2) Asbestos Removal from Buildings	31,658		
(3) Sales Tax Owed	2,521		
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			,
(11)			1
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ►	34,179		
2. FIN 48 (ASC 740) Footnote. In Part XIV, provide		tne organization's financial statemer	nts that reports the
organization's liability for uncertain tax positions u	inder Filv 40 (ASC /40).		

Part	XI Reconciliation of Change in Net Assets from Form 990 to A				T
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	8,440,854
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	8,066,629
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3	374,225
4	Net unrealized gains (losses) on investments		<b>-</b>	4	26,050
5	Donated services and use of facilities		<u> </u>	5	0
6	Investment expenses		<del> </del>	6	0
7	Prior period adjustments		<b></b>	7_	0
8	Other (Describe in Part XIV.)			8	0
9	Total adjustments (net). Add lines 4 through 8			9	26,050
10	Excess or (deficit) for the year per audited financial statements. Combine			10	400,275
	XII Reconciliation of Revenue per Audited Financial Statem			Het	•
1	Total revenue, gains, and other support per audited financial statements	• •		1	8,622,620
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	٦		120	
a	Net unrealized gains on investments	2a	26,050	1200	
b	Donated services and use of facilities	2b	0	-(66	
<u>c</u>	Recoveries of prior year grants	-2€-	0	23.620	4.
d	Other (Describe in Part XIV.)	2d	0	4223	****
e	Add lines 2a through 2d	• •		26	<del></del>
3	Subtract line 2e from line 1	i .		3	8,596,570
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.			,
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		1000	`1
b	Other (Describe in Part XIV.)	4b	(155,716)	٠	
С 5	Add lines <b>4a</b> and <b>4b</b>			5	<del></del>
Part					
1				1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	• •			0,222,343
a	Donated services and use of facilities	2a	l	77.72 14.72.23 14.72.23	
b	Prior year adjustments	2b	0	43300	
C	Other losses	2c	0	-1 'W''	7
ď	Other (Describe in Part XIV.)	2d	155,716	4	*
e	Add lines 2a through 2d			26	
3	Subtract line 2e from line 1	• •		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	i			0,000,020
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	o	laij/	•
b	Other (Describe in Part XIV.)	4b	0		
	Add lines <b>4a</b> and <b>4b</b>			40	<del></del>
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin			5	
Part		,		<u>~</u>	5,000,020
Part V any ac	ete this part to provide the descriptions required for Part II, lines 3, 5, and line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII ditional information.  II, Line 4B and Part XIII Line 2D: Cost of Goods Sold and Given.	, lines		plete	e this part to provide

Schedule D (For		je <b>5</b>
Part XIV	Supplemental Information (continued)	
	······	
	•••••••••••••••••••••••••••••••••••••••	
	······	
	······································	
		·
		·

#### **SCHEDULE F** (Form 990)

#### Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

The Foundation for a Christian Civilization. Inc.

Employer identification number

23-7325778 General Information on Activities Outside the United States, Complete if the organization answered "Yes" to Part I Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the √Yes □No For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (b)\_Number\_of\_ (c).Number-of-(a) Region (d) Activities conducted-in-(e)-If-activity-listed in (d) is (f) Total offices in the émployees, region (by type) (e g , fundraising, program services, a program service, describe specific type of expenditures for region agents, and and investments independent contractors investments, grants to recipients service(s) in region ın region in region located in the region) (1) South America None None Grantmaking N/A 189,610 Attending and speaking at (2) South America None conferences and prayer vigils None Program Services 74,566 Attending conferences and (3) Europe None None **Program Services** delivering prayer petitions 27,831 (4) (5)(6)(7) (8)(9) (10)(11) (12)(13)(14)(15)(16)(17)Sub-total . . . . . 3a N/A N/A 292,007 Total from continuation sheets to Part I . . . 0 0 0

N/A

N/A

Totals (add lines 3a and 3b)

292,007

(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	non	ount of cash tance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South America	general support	180,000	wire transfer		0	N/A	N/A
		South America	general support	6,000	wire transfer		0	N/A	N/A
		,							
				<del>                                     </del>					
						<u> </u>			
	mbor of roci	nt organizations !	atad above that are re-	accounted to the lift	no by the foreign cov	ntn. rocco	hizad sa	tov everent	ı
by the IRS, or	for which the g	grantee or counse	sted above that are red I has provided a section	n 501(c)(3) equivale	ency letter				0
Enter total nu	mber of other o	organizations or er	ntities	<u> </u>				<u> &gt;</u>	4

(18)

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (e) Manner of (f) Amount of (a) Type of grant or assistance (b) Region (c) Number of (d) Amount of (g) Description non-cash assistance cash recipients cash grant of non-cash assistance disbursement (1) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17)

Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	☐ 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 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)	☐ 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)	☐ Yes	<b></b> ☑.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?_lf_"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)	☐ 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 file Form 5713, International Boycott Report (see Instructions for Form 5713)	Yes.	<b>☑</b> No

#### Part V

#### Supplemental Information

Complete this part to 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).

Part I, Line 2: Description of how grant funds are monitored outside of the country:
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.

#### **SCHEDULE G** (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

23-7325778

The Foundation for a Christian Civilizati	on, Inc.				23-7	325778
Part I Fundraising Activities Form 990-EZ filers are	•	_		vered "Yes" to Fo	orm 990, Part IV, lıı	ne 17.
1 Indicate whether the organizati				owing activities. Ch	neck all that apply.	-
a   Mail solicitations		<b>e</b> [	] Solicitati	ion of non-governn	nent grants	
<b>b</b> Internet and email solicitation	ons	f [	] Solicitati	ion of government	grants	
c Phone solicitations		g [	Special f	fundraising events		
<b>d</b> In-person solicitations						
2a Did the organization have a wr	itten or oral agree	ement with	any individ	dual (including offic	cers, directors, truste	ees
or key employees listed in Forn	n 990, Part VII) or	entity in c	onnection v	with professional fu	undraising services?	✓ Yes  ☐ No
<b>b</b> If "Yes," list the ten highest pai compensated at least \$5,000 b			draisers) pı	ursuant to agreeme	ents under which the	fundraiser is to be
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	odraiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
Donor Care Center, Inc		Yes	No	<del>                                     </del>		<u> </u>
1 4535 Strausser St , NW				†		
North Canton, OH 44720	telemarketing		✓	231,944	135,330	96,614
2 DMW Worldwide, LLC	consulting direct		<del>                                     </del>			
701 Leee Rd, Suite 103	mail and data analy	518	✓	512,183	240,289	271,893
3 Chesterbrook, PA 19087						· · · · · · · · · · · · · · · · · · ·
4						
5						
6					<u>-</u>	
7						,
8			-			
9						
10						
Total			>	744,127	375,619	368,508
3 List all states in which the org- registration or licensing.	anizatıon is regist	tered or lic	ensed to s	colicit contributions	or has been notified	d it is exempt from
Alabama, Alaska, Arizona, Arkansas, Ca	lifornia , Colorado	, Connectio	cut , Florida	, Georgia,		
Illinois , Hawaii, Indiana, Kansas, Kentu	cky, Louisiana, Ma	ine, Maryla	nd, Massac	husetts		
Mıchigan, Minnesota, Mississippi, New I	Hampshire, New Je	ersey, New	Mexico , Ne			
North Carolina, North Dakota, Ohio, Okl	ahoma, Oregon, Po	ennsylvania	a, Rhode Isl	and , South		
Carolina, Tennessee, Utah, Virginia, Wa	shington State, We	est Virginia	, Wisconsir	n, and the District of	Columbia	
	·····					
	••				•••	

Pa	rt II	Fundraising Events. Con than \$15,000 of fundraising gross receipts greater tha	ng event contributions			
		,	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
m			(event type)	(event type)	(total number)	col (c))
Revenue	1 2	Gross receipts Less: Charitable contributions				
	3	Gross income (line 1 minus line 2)				, ,
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
t Exp	7	Food and beverages				
Direc	8	Entertainment			-	-
	9	Other direct expenses .		<u> </u>	<u> </u>	<u> </u>
Pa	10 11 rt III	Direct expense summary. Ad Net income summary. Comb <b>Gaming.</b> Complete if the than \$15,000 on Form 9	oine line 3, colu <u>mn (</u> d), a e organization answe	ınd line 10		( ) reported more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				-
	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes % ☐ No	☐ Yes% ☐ No	☐ Yes% ☐ No	
	7	Direct expense summary. Ad	ld lines 2 through 5 in c	olumn (d)		( )
	8	Net gaming income summar	y. Combine line 1, colur	mn d, and line 7		
	a Is	nter the state(s) in which the or the organization licensed to op "No," explain:	perate gaming activities	ming activities: s in each of these states		Yes No
10		ere any of the organization's g "Yes," explain:	_	•	ated during the tax year	

Schedul	ale G (Form 990 or 990-EZ) 2011			Page 3
11 12	Does the organization operate gaming activities with nonmembers?	/	Yes	
13	Indicate the percentage of gaming activity operated in:			
а	The organization's facility	<u> </u>		<u>%</u>
b	An outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	J		
	Name ►			
	Address ►		<b></b> -	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes ┌	l No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and theamount.of.gaming.revenue.retained.by_the-third-party-▶—\$			
С	If "Yes," enter name and address of the third party:			
	Name ►			
	Address ►			
16	Gaming manager information:			
	Name ►			
	Gaming manager compensation ► \$			
	Description of services provided ▶			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		Yes □	] No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations of spent in the organization's own exempt activities during the tax year > \$			
Part	Supplemental Information. Complete this part to provide the explanations required by Part I columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also copart to provide any additional information (see instructions).	, line : omple	2b, ete this	<del></del>
	······			
	······································	·		
	······			

#### SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

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

OMB No 1545-0047

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

Attach to Form 990.

Open to Public Inspection

lame of the organization							Employ	yer identification number
The Foundation for a Christian Cıviliz	ation, Inc.							23-7325778
Part I General Information	on Grants and	Assistance						
1 Does the organization mainta			unt of the grants or	assistance, the g	grantees' eligibility	for the grants or a	ssistanc	e, and
the selection criteria used to	•							· · 🗹 Yes 🗌 No
2 Describe in Part IV the organ	ization's procedu	es for monitoring	the use of grant fu	nds in the United	States.			
Part II Grants and Other As to Form 990, Part IV,								
Part II can be duplica	ted if additional	space is needed						▶ □
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)			(h) Purpose of grant or assistance
(1) St. Louis de Montfort Academy,								General Support for educational
nc.	23-2821348	501(c)(3) scho	190,000	0	N/A	N/A		and religious programs
(2) P.O. Box 787								
Rossville, KS 66533								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)	1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	<b>-</b>						
(9)				· · · · · · · · · · · · · · · · · · ·			-	
10)								
11)								1
12)	<del></del>							
2 Enter total number of acation	E01/a\(2\) and an	L	tiona listed in the l	ma 1 table	<u> </u>			
<ul><li>2 Enter total number of section</li><li>3 Enter total number of other o</li></ul>				ine i table				. >1

	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance		raluation (book, aisal, other)	(f) Description of non-cash assistant
ipends to priests for Masses.	4	6,890	0	N/A		N/A
***						
Supplemental Information. Co	omplete this part to pro	vide the information	required in Part I	line 2 and a	ny other ad	ditional information
				1		

#### SCHEDULE L (Form 990 or 990-EZ)

**Transactions With Interested Persons** 

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

The Foundation for a Christian Civilization, Inc.

23-7325778

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Par	Complete if the organization an	swered	"Yes" o	n Form 990, Part IV, I	ine 25a c	zations only). or 25b, or Fol	rm 99(	0-EZ,	Part \	V, line	40b.	
1	(a) Name of disqualified person	-			(h) Descrip	tion of transacti	on				(c) Corr	ected?
	(a) Name of disquamed person				(b) Descrip	nion or transacti	011				Yes	No
(1)												
(2)												
_(3)												
_(4)								_				
_(5)												
(6)												
2	Enter the amount of tax imposed of under section 4958											
3	Enter the amount of tax, if any, on lin	e 2, abo	ove, rein	nbursed by the organi	zation			1	▶ \$			
Par	Loans to and/or From Interes Complete if the organization an			n Form 990, Part IV, I	ıne 26, oı	r Form 990-E	EZ, Pa	rt V, li	ine 38	Ba.		
	(a) Name of interested person and purpose		to or from inization?	(c) Original principal amount	(d) Balance due		(e) In c	(e) In default?		oroved pard or nittee?	(g) Written agreement?	
		То	From				Yes	No	Yes	No	Yes	No
(1)												
(2)				· · · · · · · · · · · · · · · · · · ·								
(3)												
(4)							ĺ					
(5)												
(6)												
(7)												
(8)												
(9)							L					
(10)			L									
Total				<u> ▶ \$</u>			'n	1		3		
Part	Grants or Assistance Benefiti Complete if the organization an				ine 27.							
	(a) Name of interested person	(b) Re	elationship	between interested person organization	and the	(c) /	Amount	and ty	pe of a	ssistan	ce	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)						<u> </u>						

(g) Reare of interested person  (h) Rearement of the enterested person and the organization of transaction of transaction organization of transaction organization organizatio	Par	Business Transactions Involvi Complete if the organization and	ng Interested Persons. swered "Yes" on Form 99	0, Part IV, line 28a, 2	28b, or 28c.		-3-
13   Drake, Anne L.   Family member director   13,833   employment   7		(a) Name of interested person	interested person and the		(d) Description of transaction	organi	zation's
22 Drake, Charles Michael   Family member director   40,350 employment   √						Yes	No
Same   Family member director   24,586 employment   V	(1)		<del></del>	13,853	employment		<b>/</b>
43   Hiegert, Magdalena   Family member officer   23.473   employment   7   7   7   7   7   7   7   7   7	(2)	Drake, Charles Michael	Family member director	40,350	employment		<b>√</b>
Solution	(3)	Drake, William	Family member director	24,568	employment		✓
State	(4)	Hiegert, Magdalena	Family member officer	23,473	employment		✓
(8) (9) (10)  Part V  Complete this part to provide additional information for responses to questions on Schedule L (see instructions).	(5)	Ritchie, John E.	Family member director	30,600	employment		1
[8] [9] [10] Part V Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instructions).	(6)	Ritchie, Kevin E.	Family member director	15,486	employment		1
[8] [9] [10] Part V Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instructions).	(7)						
(10) Part V Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instructions).							
Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instructions).							
Complete this part to provide additional information for responses to questions on Schedule L (see instructions).	(10)						
	Par	t VSupplemental Information—					
	_	Complete this part to provide ac	dditional information for re	esponses to question	ns on Schedule L (see instructio	ons).	
				····			
		<del></del>					
			•••••				
						<b>-</b>	
······································							
······································							
			••••••	•••••			
			••••••	••••			
			•••••••	***************************************			<b></b>

#### SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

Employer identification number

The Foundation for a Christian Civilization, Inc.	23-7325778
Section C: Additionally doing business as: The American Society for Defense of Tradition, Family and	Property; Crusade Magazine; TFP;
ANF; TFP Student Action	
Part I, Line 6: Approximately 45 full-time volunteers. Over 100 people volunteered for one to two week	periods making calls to recruit
Rosary Rally Captains at the volunteer center. Many others volunteer on a part-time basis throughout	the year.
Part III, Line 4d: Public Witness - 728,465; Adult Formation - 674,468; Youth Formation - 532,509; Studi	es - 360,782; Seminars - 147,869
Part VI, Section A, Line 6: The Foundation is non-profit organization with corporate members. There is	only one class of members. The
members annually elect the Board of Directors and may accept new members or remove members. The	ney may also remove directors
and officers. A majority of the members may amend the bylaws of the organization. Members are proh	ibited from sharing in corporate
earnings.	
Part VI, Section A, Line 2: Antonio Fragellı is the son of Luiz Antonio Fragelli.	
Part VI, Section A, Line 7a: The corporate members have this power.	
Part VI, Section A, Line 7b: The Board of Directors is elected by the corporate members (see explanat	ion for Line 6 above for class,
decisions requiring approval, and nature of voting rights).	
Part VI, Section B, Line 11A: The Treasurer prepares the Form 990, and a final copy of the 2011 Form 9	990 was provided to each
board member. The Board of Directors will review the 990 at is monthly meeting in December.	
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 actual conflicts. A member of the beautiful actual conflicts are conflicted in the second conflicts and reviews actual conflicts.	poard who received compensation
from the Foundation for services 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 statement affirming they have received copy of the conflicts of interest.	est policy, read and understood
it, agree to comply, and understands the Foundation is a charitable organization and that in order to m	naintain its federal tax exemption
it must engage primarily in activities which accomplish its tax-exempt purposes.	
B. The Board annually reviews if compensation agreements and benefits are reasonable whether trans	sactions and/or arrangements
with interested persons conform to the Conflicts of Interest Policy, and whether agreements with othe	r charitable organizations, employees,
and third party payors further the Foundation's charitable purposes and do not result in inurement or	impermissible private benefit.
Part VI, Section B, Line 15a: The Foundation's president is a full-time volunteer.	

Page	2
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Schedule O (Form 990 or 990-EZ) (2011)	Page 2
Name of the organization	Employer identification number
The Foundation for a Christian Civilization, Inc.	23-7325778
Part VI, Section C, Line 17: Alabama, Alaska, Arizona, Arkansas, California, Connecticut, Florida, Georgia,	Hawaii, Illinois, Indiana, Kansas
Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, New Hampshire	, New Jersey, New Mexico
New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, North Caro	rolina, Tennessee, Utah,
Virginia, Washington State, West Virginia, and Wisconsin.	
Part VI, Section C, Line 19: No documents available to the public.	
Part VII, Section A, Column B: Hours Dedicated to related organizations:	
St. Louis de Montfort Academy, Inc.: Raymond E. Drake, John W. Horvat, and Benjamin A. Hiegert: 2 hou	rs each per month.
Western Hemisphere Cultural Society, Inc. Benjamin A. Hiegert: 1 hour per month.	
Part XI: Line 5: Unrealized gain on investment carried at market value.	
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#### SCHEDULE R (Form 990)

## **Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

2011

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990. ► See separate instructions.

Name of the organization Employer identification number The Foundation for a Christian Civilization, Inc. 23-7325778

Part I Identification of Disregarded Entities (Complete	ete if the orga	anization	answered "Yes	s" to F	form 990, Par	t IV, line 33.)				
(a) Name, address, and EIN of disregarded entity	(a) Name, address, and EIN of disregarded entity		(b) ary activity		(c) domicile (state reign country)	(d) Total income	(e) End-of-year assets	(f) Direct con entit	ntrolling	
(1)			, , , , , , , , , , , , , , , , , , , ,						-	
(2)										
(3)		<del> </del>	· · · · · · · · · · · · · · · · · · ·							
(4)										
(5)			<del></del>							
(6)		<del></del>								
Part II Identification of Related Tax-Exempt Organizations one or more related tax-exempt organizations d	zations (Con luring the tax	nplete if the year.)	ne organization	n answ	ered "Yes" to	Form 990, Part	IV, line 34 beca	use it ha	d	
(a) Name, address, and EIN of related organization	(b) Primary a			gal domicile (state   Exempt Code section		(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	cont	(g) n 512(b)(13) ntrolled ntity?	
	<u> </u>							Yes	No	
(1) Western Hemisphere Cultural Society, Inc. EIN: 13-3171782 1358 Jefferson Rd., Spring Grove, PA 17362	Supporting C	Organizat	New York		501(c)(3)	509(a)(3	B) N/A		/	
(2) St. Louis de Montfort Academy, Inc. EIN: 23-2821348										
P.O. Box 787, Rossville, KS 66533-0787	Boarding sch	hool	Pennsylvania	<u> </u>	501(c)(3)	170(b)(1)(A)(ı	i) N/A		<b>✓</b>	
(3)										
(4)										
(5)										
(6)								<del>                                     </del>		
(7)										

Part III Identific because	cation of Related Organia e it had one or more relate	<b>zations T</b> d organiz	axable as a Pa ations treated a	i <b>rtnership</b> ( as a partner	(Comple ship dur	te If the d ing the t	orgar ax ye	nization ans ear.)	wered	l "Yes	" to Form 990	), Part I\	/, line	34
(a) (b)  Name, address, and EIN Primary activity of control of related organization (statement of the control o		(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predomi Income (re unrelat excluded tax undersections 5	elated, inc ed, from der			(g) Share of end-o year assets	(h) Disproportionat allocations?		(i) Code VUB amount in box 2: Schedule K-1 (Form 1065)	0 of ma	7) neral or naging rtner?	(k) Percentage ownership
(1)									Yes	No		Yes	s No	
(2)									<u> </u>				-	
			<b>1</b>											
(3)														
(4)											•			
(5)					-									
(6)									$\parallel$					
(7)								<u> </u>						
Part IV Identific	cation of Related Organiz	zations T	axable as a Co	rporation	or Trust	l : (Comple	ete if	the organi	 zation	answ	ered "Yes" to	Form 9	 90, Pa	ırt IV,
line 34 t	pecause it had one or more	e related	organizations tr (b)	eated as a	corpora	i	ust d	during the ta	ax yea		(f)	(g)	<u> </u>	(h)
Name, addre	ss, and EIN of related organization		Primary act	ivity	Legal d (stat foreign o	omicile e or	Direc	et controlling entity	Type of (C corp, or tr	entity S corp,	Share of total income	Share end-of-yea	of	Percentage
(1)									-					
(2)				·· · · · · ·						<del></del> -				
(3)			<del></del>											
(4)														
(5)										,				
(6)						<u>-</u>								
(7)									+		<del></del>	ļ <u></u>		
		L			L <u>.,</u>				1			 Schedule	R (For	m 990) 2011

Part	Transactions With Related Organizations (Complete if the organization answered "Yes" to	Form 990	Part IV,	line 34, 35, 35a	, or 3	6.)		
Note	. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	İ					Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related	l organizati <mark>c</mark>	ns listed	in Parts II-IV?				
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity					1a 1		>
b	Gift, grant, or capital contribution to related organization(s)					1b	<b>✓</b>	
C	Gift, grant, or capital contribution from related organization(s)					1c	<b>✓</b>	Į.
d	Loans or loan guarantees to or for related organization(s)					1d		<b>\</b>
e	Loans or loan guarantees by related organization(s)					1e		✓
f	Sale of assets to related organization(s)					1f		<u>√</u>
g	Purchase of assets from related organization(s)	!				1g		1
h	Exchange of assets with related organization(s)					1h		<b>✓</b>
i	Lease of facilities, equipment, or other assets to related organization(s)					1i		<b>✓</b>
,	Lanca of facilities and constitution of the second							
,	Lease of facilities, equipment, or other assets from related organization(s)							<b>✓</b>
k	Performance of services or membership or fundraising solicitations for related organization(s)						<b>✓</b>	
ı	Performance of services or membership or fundraising solicitations by related organization(s)							<b>✓</b>
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)						<b>✓</b>	
n	Sharing of paid employees with related organization(s)	• • • •				1n	<b>✓</b>	
0	Reimbursement paid to related organization(s) for expenses					10		<b>√</b>
р	Reimbursement paid by related organization(s) for expenses					1p	1	<u> </u>
q	Other transfer of cash or property to related organization(s)					1q		✓
r	Other transfer of cash or property from related organization(s)							✓
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line	e, ıncluding	covered	relationships and	transa	action thr	eshol	ds.
	(a)  Name of other organization	<b>(b)</b> Transac type (a		(c) Amount involved		Method of amount	determi	
St (1)	Louis de Montfort Academy, Inc.	h		190	,000 C	ash		
(1)		<u></u>		100,	,000 0			
(2)								
(3)								
(4)						-		
(5)								

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	Are all p sec 501( organiz	c)(3)	total income	(g) Share of end-of-yes assets	Oispropo alloca		(I) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		General or managing partner?		General or managing partner?		General or managing partner?		General or managing		General or managing		General or managing		General or managing		General or managing		(k) Percentage ownership
			section 512-514)	Yes	No			Yes	No		Yes	No																	
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Part VII	Form 990) 2011 Supplemental Information	Page 5
Part VII	Complete this part to provide additional information for responses to questions on Schedule R (see instructions).	
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