# Federal Tax Form 990

FISCAL YEAR ENDING SEPT. 30, 2009



#### \*\* PUBLIC DISCLOSURE COPY \*\*

## Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury

benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements. Internal Revenue Service and ending SEP 30, OCT 1, 2008 A For the 2008 calendar year, or tax year beginning C Name of organization D Employer identification number Check if applicable Please use IRS label or Address change FOCUS ON THE FAMILY print or Name Ichange 95-3188150 Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Specific Termin ation 8605 EXPLORER DRIVE 719-531-3400 nstruc-Amended tions. 135,568,530. City or town, state or country, and ZIP + 4 G Gross receipts \$ Application COLORADO SPRINGS, CO 80920-1049 H(a) Is this a group return ending F Name and address of principal officer:WADE CROW Yes X No for affiliates? SAME AS C ABOVE H(b) Are all affiliates included? Yes I Tax-exempt status: X 501(c) (3 ) ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ➤ WWW.FOCUSONTHEFAMILY.COM **H(c)** Group exemption number ▶ K Type of organization: X Corporation Trust Association L Year of formation: 1977 M State of legal domicile: CO Other > Part I Summary Briefly describe the organization's mission or most significant activities: FOCUS ON THE FAMILY SHARES THE Activities & Governance GOSPEL OF JESUS CHRIST BY PROTECTING TRADITIONAL VALUES & THE FAMILY 2 \_\_l if the organization discontinued its operations or disposed of more than 25% of its assets. Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 10 4 4 1318 Total number of employees (Part V, line 2a) 5 119 Total number of volunteers (estimate if necessary) 6 1,021,008. 7a Total gross unrelated business revenue from Part VIII, line 12, column (C) **b** Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** 133,267,216. 119,656,879. Contributions and grants (Part VIII, line 1h) Revenue 5,473,335 4,567,019. Program service revenue (Part VIII, line 2g) 394,637. 99,892. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 6,059,513. 5,934,690. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 145,194,701. 130,258,480. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3,834,550. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) 67,944,017. 65,657,085. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 882,575. 927,716. 16a Professional fundraising fees (Part IX, column (A), line 11e) **▶** 11,086,918. b Total fundraising expenses (Part IX, column (D), line 25) 77,459,843. 59,483,976. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 146,286,435. 129,903,327. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <1,091,734. 355,153. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Year End of Year** 93,072,558. 90,996,703. 20 Total assets (Part X, line 16) 17,844,247. 15,413,239. 21 Total liabilities (Part X, line 26) und und 75,228,311. 75,583,464. 22 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury 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. Sign Signature of officer Here WADE CROW, CFOType or print name and title Date Check if Preparer's identifying number (see instructions) Preparer's Paid selfsignature 4-30-10 employed Preparer's Firm's name (or CAPIN CROUSE L EIN ► Use Only 972 EMERSON PKWY, self-employed). STE A GREENWOOD, INPhone no. ► (317) 885-2620 X Yes L

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

No

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 54506961. including grants of \$ 1,208,878.) (Revenue \$

4e Total program service expenses ►\$ 107,853,272. (Must equal Part IX, Line 25, column (B).)

### Part IV Checklist of Required Schedules

|     |   |     | Yes      | No       |
|-----|---|-----|----------|----------|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?                                 |     |          |          |
|     | If "Yes," complete Schedule A   | 1   | X        |          |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors?  | 2   | X        |          |
| 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   |          | X        |
| 4   | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II         | 4   | Х        |          |
| 5   | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and            |     |          |          |
|     | reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III  | 5   |          |          |
| 6   | Did the organization maintain any donor advised funds or any accounts where 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   |          | X        |
| 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   |          | X        |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete        |     |          |          |
|     | Schedule D, Part III  | 8   | X        | ļ        |
| 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   |          | X        |
| 10  | Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V                     | 10  | X        |          |
| 11  | Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?   |     |          |          |
|     | If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable  | 11  | Х        |          |
| 12  | Did the organization receive an audited financial statement for the year for which it is completing this return that was            |     |          |          |
|     | prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII  | 12  | X        |          |
| 13  | ls the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                                | 13  |          | X        |
| 14a | Did the organization maintain an office, employees, or agents outside of the U.S.?  | 14a |          | X        |
| b   | Q   |     |          |          |
|     | and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I  | 14b | Х        |          |
| 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, Part II   | 15  | X        |          |
| 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, Part III  | 16  |          | X        |
| 17  | Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I              | 17  | _X       |          |
| 18  | Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II          | 18  |          | X        |
| 19  | Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III                       | 19  |          | X        |
| 20  | Did the organization operate one or more hospitals? If "Yes," complete Schedule H   | 20  |          | X        |
| 21  | Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II         | 21  | <u>X</u> |          |
| 22  | Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III        | 22  | X        |          |
| 23  | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J                       | 23  | _X       |          |
| 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 questions 24b-24d and complete Schedule K.          |     | l        |          |
|     | If "No", go to question 25  | 24a |          | X        |
|     | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?                                   | 24b |          |          |
| C   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease                |     | ĺ        |          |
|     | any tax-exempt bonds?   | 24c |          |          |
|     | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?                             | 24d |          |          |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a                  |     |          | v        |
|     | disqualified person during the year? If "Yes," complete Schedule L, Part I  | 25a |          | <u>X</u> |
| b   | Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a            |     |          | 17       |
| ••  | prior year? If "Yes," complete Schedule L, Part I   | 25b |          | <u>X</u> |
| 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  |          | <u>X</u> |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial             |     |          | 7.7      |
|     | contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III                                  | 27  |          | <u>X</u> |

### Part IV Checklist of Required Schedules (continued)

|    |  |     | Yes | No |
|----|--|-----|-----|----|
| 28 | During the tax year, did any person who is a current or former officer, director, trustee, or key employee:                  |     |     |    |
| a  | Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an  |     |     |    |
|    | indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other |     |     |    |
|    | person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV   | 28a | X   |    |
| b  | Have a family member who had a direct or indirect business relationship with the organization?                               |     |     |    |
|    | If "Yes," complete Schedule L, Part IV   | 28b | Х   | ľ  |
| c  | Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional    |     |     |    |
|    | corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV                                    | 28c | Х   | ĺ  |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M                     | 29  | Х   |    |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation  |     |     |    |
|    | contributions? If "Yes," complete Schedule M   | 30  |     | X  |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations?   |     |     |    |
|    | If "Yes," complete Schedule N, Part I  | 31  |     | Х  |
| 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  |     | X  |
| 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  |     | Х  |
| 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  | X   |    |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)?                                    |     |     |    |
|    | If "Yes," complete Schedule R, Part V, line 2  | 35  |     | X  |
| 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  | Х   |    |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization             |     |     |    |
|    | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI                 | 37  |     | Х  |

| Par       | tV Statements Regarding Other IRS Filings and Tax Compliance   |   |   |     |  |
|-----------|--|---|---|-----|--|
| ********* |  |   | *************************************** | Yes | No                                       |
| 1a        | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of                           |   |   |     |  |
|           | U.S. Information Returns. Enter -0- if not applicable  | 1a 60                                   | )6                                      |     |  |
| b         | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable                              | 1b                                      | 0                                       |     |  |
| c         | Did the organization comply with backup withholding rules for reportable payments to vendors and a           | eportable gaming                        |   |     |  |
|           | (gambling) winnings to prize winners?  |   | . 1c                                    | Х   |  |
| 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 131                                  | . 8                                     |     |  |
| b         | If at least one is reported on line 2a, did the organization file all required federal employment tax retu   |   | 2b                                      | Х   |  |
|           | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see     |   | ·                                       |     |  |
| За        | Did the organization have unrelated business gross income of \$1,000 or more during the year covered         | ·                                       | . 3a                                    | Х   | p.1000.000.000.000.000.000.000.000.000.0 |
|           | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O             |   |   | Х   |  |
|           | At any time during the calendar year, did the organization have an interest in, or a signature or other      |   | ,                                       |     |  |
|           | financial account in a foreign country (such as a bank account, securities account, or other financial       | •                                       | 4a                                      |     | Х  |
| b         | If "Yes," enter the name of the foreign country:   |   |   |     |  |
|           | See the instructions for exceptions and 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                                      |     | Х  |
|           | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transfer |   |   |     | Х  |
|           | If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity       |   |   |     |  |
|           | Tax Shelter Transaction?   |   | 5c                                      |     |  |
| 6a        | Did the organization solicit any contributions that were not tax deductible?                                 |   |   |     | Х  |
|           | If "Yes," did the organization include with every solicitation an express statement that such contribu       |   |   |     |  |
|           | were not tax deductible?   | _                                       | 6b                                      |     |  |
| 7         | Organizations that may receive deductible contributions under section 170(c).                                |   |   |     |  |
| a         | Did the organization provide goods or services in exchange for any quid pro quo contribution of mor          | e than \$75?                            | . 7a                                    | Х   |  |
| b         | If "Yes," did the organization notify the donor of the value of the goods or services provided?              |   |   | Х   |  |
|           | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w       |   |   |     |  |
|           | to file Form 8282?   | ·<br>·                                  | . 7с                                    |     | Х  |
| d         | If "Yes," indicate the number of Forms 8282 filed during the year  | 7d                                      |   |     |  |
| е         | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a       | personal                                |   |     |  |
|           | benefit contract?  | *************************************   | 7е                                      |     | X  |
| f         | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont      |   |   |     | X  |
| g         | For all contributions of qualified intellectual property, did the organization file Form 8899 as required    | ?                                       | . 7g                                    |     | X  |
| h         | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-      | C as required?                          | , 7h                                    |     | X  |
| 8         | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and sec                 | tion 509(a)(3)                          |   |     |  |
|           | supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring or           | ganization, have                        |   |     |  |
|           | excess business holdings at any time during the year?  | *************************************** |   |     |  |
| 9         | Section 501(c)(3) and other 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: N/A  | 1 1                                     |   |     |  |
|           | Initiation fees and capital contributions included on Part VIII, line 12                                     | 10a                                     |   |     |  |
| b         | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities                  | 10ь                                     |   |     |  |
| 11        | Section 501(c)(12) organizations. Enter: N/A   |   |   |     |  |
|           | Gross income from members or shareholders  | 11a                                     |   |     |  |
| b         | Gross income from other sources (Do not net amounts due or paid to other sources against                     | -                                       |   |     |  |
|           | amounts due or received from them.)  | 11b                                     |   |     |  |

Form **990** (2008)

12a

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041?

**Part VI** Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

| Sec   | tion A. Governing Body and Management   |            |   |         |        |              | ·      |
|---|---|------------|---|---------|--------|--------------|--------|
|   |   |            |   | pro     |        | Yes          | No     |
|   | For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe       | e the      | circumstances,                          |         |        |              |        |
|   | processes, or changes in Schedule O. See instructions.  | 1          | 1                                       |         |        |              |        |
| 1a  | Enter the number of voting members of the governing body  | 1a         |   | 12      |        |              |        |
| b   | Enter the number of voting members that are independent   |            |   | 10      |        |              |        |
| 2   | Did any officer, director, trustee, or key employee have a family relationship or a business relationship   |            | · ·                                     |         |        |              |        |
|   | officer, director, trustee, or key employee?  |            |   |         | 2      | X            |        |
| 3   | Did the organization delegate control over management duties customarily performed by or under the          |            | •                                       |         |        |              |        |
|   | of officers, directors or trustees, or key employees to a management company or other person? $\dots$       |            |   |         | 3      |              | X      |
| 4   | Did the organization make any significant changes to its organizational documents since the prior Fo        | rm 99      | 0 was filed?                            |         | 4      |              | X      |
| 5 Did the organization become aware during the year of a material diversion of the organization's assets? |   |            |   |         |        |              |        |
| 6   | Does the organization have members or stockholders?   |            |   |         | 6      |              | Х      |
| 7a  | Does the organization have members, stockholders, or other persons who may elect one or more me             |            |   |         |        |              |        |
|   | governing body?   |            |   | 4       | 7a     |              | X      |
| ģ   | Are any decisions of the governing body subject to approval by members, stockholders, or other per          |            |   |         | 7b     |              | X      |
| 8   | Did the organization contemporaneously document the meetings held or written actions undertaken             | durin      | g the year                              |         |        |              |        |
|   | by the following:   |            |   | ×       |        |              |        |
| a   | The governing body?   |            |   |         | 8a     | Х            |        |
| b   | Each committee with authority to act on behalf of the governing body?                                       |            |   |         | 8b     | X            |        |
| 9a  | Does the organization have local chapters, branches, or affiliates?   |            |   |         | 9a     |              | X      |
| þ   | If "Yes," does the organization have written policies and procedures governing the activities of such       |            |   |         |        |              |        |
|   | and branches to ensure their operations are consistent with those of the organization?                      |            |   |         | 9b     |              |        |
| 10  | Was a copy of the Form 990 provided to the organization's governing body before it was filed? All or        | -          |   |         |        |              |        |
|   | describe in Schedule O the process, if any, the organization uses to review the Form 990                    |            |   |         | 10     | X            |        |
| 11  | Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be re- |            |   |         |        |              |        |
|   | organization's mailing address? If "Yes," provide the names and addresses in Schedule O                     |            |   | <u></u> | 11     |              | X      |
| <u>Sec</u>  | tion B. Policies  |            |   | ·····   |        |              |        |
|   |   |            |   | _       |        | Yes          | No     |
|   | Does the organization have a written conflict of interest policy? If "No," go to line 13                    |            |   |         | 12a    | _X           |        |
| b   | Are officers, directors or trustees, and key employees required to disclose annually interests that cou     | ıld giv    | e rise                                  |         |        |              |        |
|   | to conflicts?   |            |   | L       | 12b    | Х            |        |
| C   | Does the organization regularly and consistently monitor and enforce compliance with the policy? If         |            |   |         |        |              |        |
|   | in Schedule O how this is done  |            |   |         | 12c    | X            |        |
| 13  | Does the organization have a written whistleblower policy?  |            |   |         | 13     | X            |        |
| 14  | Does the organization have a written document retention and destruction policy?                             |            |   |         | 14     | X            |        |
| 15  | Did the process for determining compensation of the following persons include a review and approva          | -          | •                                       |         |        |              |        |
|   | persons, comparability data, and contemporaneous substantiation of the deliberation and decision:           |            |   |         |        |              |        |
| а   | The organization's CEO, Executive Director, or top management official?                                     | ,          |   |         | 15a    | X            |        |
| b   | Other officers or key employees of the organization?  |            | * . * * * * * * * * * * * * * * * * * * |         | 15b    | X            | ****** |
|   | Describe the process in Schedule O. (see instructions)  |            |   |         |        |              |        |
| 16a   | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger |            |   | i i     |        | ****         |        |
|   | taxable entity during the year?   |            |   | 8       | 16a    | X            |        |
| Ь   | If "Yes," has the organization adopted a written policy or procedure requiring the organization to eval     |            |   |         |        |              |        |
|   | in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the orga       |            |   | 8       |        |              |        |
|   | exempt status with respect to such arrangements?  |            |   | ·       | 16b    | X            |        |
|   | tion C. Disclosure  | <u> </u>   |   |         | 3 53 3 |              |        |
| 17  | List the states with which a copy of this Form 990 is required to be filed AL, AZ, CA, CO, D                |            |   |         |        | , NH         | , TN   |
| 18  | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T        | (501       | c)(3)s only) avail                      | able fo | or     |              |        |
|   | public inspection. Indicate how you make these available. Check all that apply.                             |            |   |         |        |              |        |
|   | X Own website Another's website X Upon request  |            |   |         |        |              |        |
| 19  | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or         | onflict    | of interest polic                       | y, and  | ł fina | ncial        |        |
|   | statements available to the public.   |            |   |         | _      |              |        |
| 20  | State the name, physical address, and telephone number of the person who possesses the books ar             | nd rec     | ords of the orga                        | nizatio | on: 🏲  |              |        |
|   | FOCUS ON THE FAMILY - 719-531-3400  | 040        |   |         |        |              |        |
| 82200   | 8605 EXPLORER DRIVE, COLORADO SPRINGS, CO 80920-1   | <u>u49</u> |   |         |        |              |        |
| 83200i<br>12-18-  | SEE SCHEDULE O FOR FULL LIST OF STATES  |            |   | i       | Form   | <b>990</b> ( | 2008)  |

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

Lheck this box if the organization did not compensate any officer, director, trustee, or key employee.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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.

| (A)   | (B)              | (C)      |                       | 2010         | (D)          | (E)                          | (F) |  |  |   |
|---|------------------|----------|-----------------------|--------------|--------------|------------------------------|-----|--|--|---|
| Name and Title                                    | Average<br>hours | (check   |                       | Posi<br>cali |              |                              | ly) | Reportable compensation                        | Reportable compensation                          | Estimated<br>amount of  |
|   | per<br>week      | director | Institutional trustee |              | Key employee | Highest compensated employee |     | from<br>the<br>organization<br>(W-2/1099-MISC) | from related<br>organizations<br>(W-2/1099-MISC) | other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
| JAMES C. DOBSON, PH.D FOUNDER/CHAIRMAN EMERITU    | 40.00            | x        |                       | х            |              |                              |     | 0.   | 0.   | 9,204.  |
| LTG PATRICK P. CARUANA (<br>CHAIRMAN/BOARD MEMBER | 5.00             | х        |                       | х            |              |                              |     | 0.   | 0.   | 0.  |
| SHIRLEY M. DOBSON<br>SECRETARY/BOARD MEMBER       | 25.00            | x        |                       | х            |              |                              |     | 0.   | 0.   | 0.  |
| DR. R. ALBERT MOHLER, JR VICE CHAIRMAN/BOARD MEMB | 5.00             | X        |                       | x            |              |                              |     | 0.   | 0.   | 0.  |
| JAMES D. DALY PRESIDENT/BOARD MEMBER              | 0.00             | X        |                       | х            |              |                              | ļ   | 0.   | 232,524.   | 26,592.   |
| BOBB BIEHL, M.A. BOARD MEMBER                     | 5.00             | X        |                       |              |              |                              |     | 0.   | 0.   | 0.  |
| ROBERT E. HAMBY, C.P.A. BOARD MEMBER              | 10.00            | х        |                       |              |              |                              |     | 0.   | 0.   | 0.  |
| DANIEL VILLANUEVA BOARD MEMBER                    | 5.00             | Х        |                       |              |              |                              |     | 0.   | 0.   | 0.  |
| ELSA PRINCE BROEKHUIZEN<br>BOARD MEMBER           | 5.00             | х        |                       |              |              |                              |     | 0.   | 0.   | 0.  |
| DR. KATHLEEN NIELSON<br>BOARD MEMBER              | 5.00             | Х        |                       |              |              |                              | -   | 0.   | 0.   | 0.  |
| ERIC PILLMORE<br>BOARD MEMBER                     | 5.00             | X        |                       |              |              |                              |     | 0.   | 0.   | 0.  |
| LEE TORRENCE<br>BOARD MEMBER                      | 5.00             | X        |                       |              |              |                              |     | 0.   | 0.   | 0.  |
| PAUL NELSON<br>BOARD MEMBER                       | 5.00             | Х        |                       |              |              |                              |     | 0.   | 0.   | 0.  |
| KIM ROBINSON<br>BOARD MEMBER                      | 5.00             | Х        |                       |              |              |                              |     | 0.   | 0.   | 0.  |
| ANTHONY WAUTERLEK<br>BOARD MEMBER                 | 5.00             | Х        |                       |              |              |                              |     | 0.   | 0.   | 0.  |
| STU MENDELSOHN<br>SECRETARY                       | 5.00             |          |                       | X            |              |                              |     | 0.   | 0.   | 0.  |
| WADE D. CROW<br>CFO/TREASURER                     | 0.00             | !        |                       | X            |              |                              |     | 0.   | 132,642.   | 21,347.   |

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| Part VII Section A. Officers, Directors, Tru | istees, Key Er   | nplo                           | yee                   | s, a                      | nd l         | ligh                         | est                     |  | ees (continued)                                  | T   |
|--|------------------|--------------------------------|-----------------------|---------------------------|--------------|------------------------------|-------------------------|--|--|---|
| (A)  | (B)              |                                | (C)                   |                           |              |                              |                         | (D)  | (E)  | (F)   |
| Name and title                               | Average<br>hours | Positi<br>(check all th        |                       | sition<br>III that apply) |              | ly)                          | Reportable compensation | Reportable compensation                        | Estimated<br>amount of                           |   |
|  | per<br>week      | individual frustee or director | institutional trustee | Officer                   | Key employee | Highest compensated employee | Former                  | from<br>the<br>organization<br>(W-2/1099-MISC) | from related<br>organizations<br>(W-2/1099-MISC) | other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
| BUFORD D. TACKETT III<br>ASSISTANT TREASURER | 45.00            |                                |                       | Х                         |              |                              |                         | 178,282.                                       | 0.   | 16,209.   |
| GLENN A. WILLIAMS<br>CHIEF OPERATING OFFICER | 45.00            |                                |                       |                           | х            |                              |                         | 159,243.                                       | 0.   |   |
| CLARK MILLER<br>CHIEF STRATEGY OFFICER       | 45.00            |                                |                       |                           |              | Х                            |                         | 128,663.                                       | 0.   | 18,389  |
| THOMAS A. MINNERY SENIOR VICE PRESIDENT      | 0.00             |                                |                       |                           |              | Х                            |                         | 0.   | 145,284.   | 17,911  |
| STANLEY R. JOHN<br>SENIOR VICE PRESIDENT     | 45.00            |                                |                       |                           |              | Х                            |                         | 140,763.                                       | 0.   | 20,183  |
| RONALD E. WILSON SENIOR VICE PRESIDENT       | 45.00            | ļ                              |                       |                           |              | Х                            |                         | 137,540.                                       | 0.   | 21,746  |
| KENT KIEFER<br>SENIOR VICE PRESIDENT         | 45.00            |                                |                       |                           |              | х                            |                         | 130,748.                                       | 0.   | 21,107  |
| STEVE MAEGDLIN<br>FORMER KEY EMPLOYEE        | 45.00            |                                |                       |                           |              |                              | X                       | 129,799.                                       | 0.   | 17,171  |
|  |                  |                                |                       |                           |              |                              |                         |  |  |   |
| 1b Total                                     |                  | <u></u>                        | <u> </u>              |                           | <u></u>      | <b>&gt;</b>                  | L                       | 1,005,038.                                     | 510,450.   | 207,808   |

Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization

Test No

Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

Section B. Independent Contractors

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

| (A) Name and business address  | (B) Description of services         | (C)<br>Compensation |
|--|-------------------------------------|---------------------|
| ARROW PARTNERSHIP LLC, 5750 DTC PARKWAY  |                                     | 1 004 005           |
| STE 145, GREENWOOD VILLAGE, CO 80111   | CONSULTING                          | 1,004,905.          |
| COLDWATER MEDIA LLC  |                                     |                     |
| PO BOX 470, PALMER LAKE, CO 80133  | AD & PROMOTION                      | 927,548.            |
| HOLLAND & KNIGHT   |                                     |                     |
| PO BOX 864084, ORLANDO, FL 32886   | LEGAL SERVICES                      | 746,430.            |
| THE MARKETING GUILD  | MARKETING MAILINGS &                |                     |
| 6821 EL FUERTE ST, CARLSBAD, CA 92009  | PRODUCTIONS                         | 441,180.            |
| BROWN PRINTING CO  |                                     |                     |
| P.O. BOX 704, WASECA, MN 56093   | PRINTING                            | 392,614.            |
| 2 Total number of independent contractors (including those in 1) who received r from the organization ▶ 18 | nore than \$100,000 in compensation |                     |
|  |                                     |                     |

|   | n 990 (     |  | ON THE                       | LWMITHI   |   | <u> </u>  | 93-3100                                 | 130 Page 9  |
|---|-------------|--|------------------------------|---|---|---|---|---|
| ra  | ert VII     | Statement of Rever   | iue                          |   | <b>(A)</b><br>Total revenue                 | (B)<br>Related or<br>exempt function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| ns, gifts, grants<br>imilar amounts         | b           | Federated campaigns  Membership dues  Fundraising events  Related organizations  Government grants (contributions)                       | 1b<br>1c<br>1d 1             | 00,000.   |   |   |   |   |
| Contributions, gifts, and other similar and | f<br>9<br>h | All other contributions, gifts, grant similar amounts not included above Noncash contributions included in lines  Total. Add lines 1a-1f | ve <b>1f</b> _ 1.:           | 1,350,887.  | 119,656,879.                                |   |   |   |
| Program Service<br>Revenue                  | C           | ROYALTIES & LICEVENT REVENUE FOF INSTITUTE DR DOBSON SOLID   | A                            | Business Code<br>900099<br>900099<br>611600<br>511190 | 1558239.<br>1392252.<br>1362802.<br>77,631. | 1558239.<br>1392252.<br>1362802.<br>77,631.     |   |   |
| Progr                                       | e<br>f<br>g | All other program service reve   |                              |   | 176,095.<br>4567019.                        | 176,095.  |   |   |
|   | 3<br>4<br>5 | Investment income (including other similar amounts)  | x-exempt bond p              | oroceeds  | 73,796.                                     | 73,796.   |   |   |
| ļ   | . b         | Gross Rents Less: rental expenses Rental income or (loss)  | (i) Real                     | (ii) Personal   |   |   |   |   |
|   | 7 a         | Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis                             | (i) Securities<br>1,255,806. | (ii) Other<br>168935 •                                |   |   |   |   |
| *   | d           | and sales expenses  Gain or (loss)  Net gain or (loss)  Gross income from fundraising  |                              | 7,926.  | 26,096.                                     | 26,096.   |   |   |
| Other Revenue                               |             | including \$   | of<br>1c). See<br>a          |   |   |   |   |   |
| 0   | 9 a         | Net income or (loss) from fund<br>Gross income from gaming at<br>Part IV, line 19  | tivities. See                | ····· •   |   |   |   |   |
|   | 10 a<br>b   | Net income or (loss) from gam<br>Gross sales of inventory, less<br>and allowances<br>Less: cost of goods sold                            | returns a                    | ·   | 2002622                                     | 2002622   |   |   |
|   |             | Net income or (loss) from sale  Miscellaneous Revenu FOFA REIMBURSEM ADVERTISING MISCELLANEOUS   | е                            | Business Code<br>900099<br>541800<br>900099           | 2893633.<br>1905075.<br>967,895.<br>58,477. | 2893633.<br>1905075.<br>58,477.                 | 967,895.                                |   |
| <b>Manual</b>                               | e<br>12     | All other revenue  Total. Add lines 11a-11d  Total Revenue. Add lines 1h, 2g, 3, 4   | .,,                          | 722210  | 109,610.<br>3041057.<br>130,258,480.        | 56,497.<br>56,497.<br>9580593.                  | 53,113.                                 | 0.  |
| 83200<br>02-02                              | 09<br>2-09  |  |                              |   | G)  |   |   | Form <b>990</b> (2008)  |

## 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 (C)

|          | All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). |                              |   |   |   |  |  |  |  |
|----------|--|------------------------------|---|---|---|--|--|--|--|
|          | not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.                                   | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service<br>expenses | (C)<br>Management and<br>general expenses | <b>(D)</b><br>Fundraising<br>expenses   |  |  |  |  |
| 1        | Grants and other assistance to governments and   |                              |   |   |   |  |  |  |  |
|          | organizations in the U.S. See Part IV, line 21   | 1,419,330.                   | 1,419,330.                                |   |   |  |  |  |  |
| 2        | Grants and other assistance to individuals in  |                              |   |   |   |  |  |  |  |
|          | the U.S. See Part IV, line 22  | 12,745.                      | 12,745.                                   |   |   |  |  |  |  |
| 3        | Grants and other assistance to governments,  |                              |   |   |   |  |  |  |  |
|          | organizations, and individuals outside the U.S.  |                              |   |   |   |  |  |  |  |
|          | See Part IV, lines 15 and 16   | 2,402,475.                   | 2,402,475.                                |   |   |  |  |  |  |
| 4        | Benefits paid to or for members  |                              | ·····                                     |   |   |  |  |  |  |
| 5        | Compensation of current officers, directors,   |                              | mma                                       | 10" 000                                   | 62.446                                  |  |  |  |  |
|          | trustees, and key employees  | 927,736.                     | 759,290.                                  | 105,000.                                  | 63,446.                                 |  |  |  |  |
| 6        | Compensation not included above, to disqualified   |                              |   |   |   |  |  |  |  |
|          | persons (as defined under section 4958(f)(1)) and  | or ror                       | 70 000                                    | 10 010                                    | c rac                                   |  |  |  |  |
|          | persons described in section 4958(c)(3)(B)   | 95,595.                      |   | 10,819.                                   |   |  |  |  |  |
| 7        | Other salaries and wages   | 51,397,311.                  | 42,065,270.                               | 5,817,079.                                | 3,514,962.                              |  |  |  |  |
| 8        | Pension plan contributions (include section 401(k)   | 1 210 775                    | 656,551.                                  | 514,146.                                  | 40,078.                                 |  |  |  |  |
| _        | and section 403(b) employer contributions)   | 1,210,775.<br>8,473,368.     |   | 599,388.                                  |   |  |  |  |  |
| 9        | Other employee benefits  |                              | 2,908,334.                                | 363,682.                                  |   |  |  |  |  |
| 10       | Payroll taxes  | 3,552,300.                   | 2,900,334.                                | 303,002.                                  | 200,204.                                |  |  |  |  |
| 11       | Fees for services (non-employees):   | 60,086.                      |   | 60,086.                                   |   |  |  |  |  |
|          | Management   | 820,418.                     | 325,609.                                  | 494,809.                                  |   |  |  |  |  |
| b        | •  | 59,415.                      | 323,009.                                  | 59,415.                                   | *************************************** |  |  |  |  |
|          | Accounting   | 39,413.                      |   | J., 41.J.                                 |   |  |  |  |  |
|          | Lobbying See Bot W. See 17   | 927,716.                     |   |   | 927,716.                                |  |  |  |  |
|          | Professional fundraising services. See Part IV, line 17  | 14,889.                      |   | 14,889.                                   | 72171101                                |  |  |  |  |
| f        | Investment management fees   | 7,167,001.                   | 6,328,159.                                | 525,977.                                  | 312,865.                                |  |  |  |  |
| 9        |  | 2,541,246.                   |   | 208,072.                                  | 147,525.                                |  |  |  |  |
| 12       | Advertising and promotion Office expenses  | 1,884,666.                   | 1,533,931.                                | 220,515.                                  | 130,220.                                |  |  |  |  |
| 13<br>14 | Information technology   | 3,837,873.                   | 3,632,250.                                | 132,248.                                  | 73,375.                                 |  |  |  |  |
| 15       | Royalties  | 768,385.                     |   | 4,850.                                    | 387.                                    |  |  |  |  |
| 16       | Occupancy  | 3,521,563.                   |   | 772,021.                                  | 95,768.                                 |  |  |  |  |
| 17       | Travel   | 2,203,231.                   | 1,488,436.                                | 153,638.                                  | 561,157.                                |  |  |  |  |
| 18       | Payments of travel or entertainment expenses   |                              |   |   |   |  |  |  |  |
|          | for any federal, state, or local public officials  |                              |   |   |   |  |  |  |  |
| 19       | Conferences, conventions, and meetings   | 1,003,170.                   | 999,309.                                  | 3,443.                                    | 418.                                    |  |  |  |  |
| 20       | Interest   | 9,706.                       |   | 9,706.                                    |   |  |  |  |  |
| 21       | Payments to affiliates   |                              |   |   |   |  |  |  |  |
| 22       | Depreciation, depletion, and amortization  | 6,028,237.                   | 5,570,389.                                | 329,537.                                  | 128,311.                                |  |  |  |  |
| 23       | Insurance  | 268,982.                     |   | 268,982.                                  |   |  |  |  |  |
| 24       | Other expenses. Itemize expenses not covered   |                              |   |   |   |  |  |  |  |
|          | above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total                       |                              |   |   |   |  |  |  |  |
|          | expenses shown on line 25 below.)  |                              |   |   |   |  |  |  |  |
| а        |  | 12,005,959.                  |   |   | 210,217.                                |  |  |  |  |
| b        | POSTAGE & SHIPPING   | 6,454,719.                   |   |   | 1,421,743.                              |  |  |  |  |
| c        | PRINTING & PUBLICATIONS  | 6,388,582.                   |   | 2,032.                                    | 1,402,250.                              |  |  |  |  |
| d        | BENEVOLENCE  | 1,927,337.                   |   | 104,189.                                  | 428,855.                                |  |  |  |  |
| е        | PREMIUM PRODUCTS   | 1,086,644.                   | 1,061,057.                                | 100 612                                   | 25,587.                                 |  |  |  |  |
| f        | All other expenses   | 1,431,867.                   |   | 188,614.                                  | 587,440.                                |  |  |  |  |
| 25       | Total functional expenses. Add lines 1 through 24f   | 129903327.                   | 107853272.                                | 10,963,137.                               | 11,086,918.                             |  |  |  |  |
| 26       | Joint Costs. Check here X if following   |                              |   |   |   |  |  |  |  |
|          | SOP 98-2. Complete this line only if the organization  |                              |   |   |   |  |  |  |  |
|          | reported in column (B) joint costs from a combined   | 16 620 720                   | 10 701 242                                |   | 2 017 406                               |  |  |  |  |
|          | educational campaign and fundraising solicitation  | 10,038,/38.                  | 13,721,242.                               |   | 2,917,496.<br>Form <b>990</b> (2008)    |  |  |  |  |
| 92201    | A 12.18_AR   |                              |   |   | rom <b>ssu</b> (2008)                   |  |  |  |  |

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|                             |  | 50.0.100   |        | (A)<br>Beginning of year |    | Fnc                                     | (B)<br>of ye  | ar         | *************************************** |
|-----------------------------|--|--|--------|--------------------------|----|---|---------------|------------|---|
|                             |  |  |        | 9,500.                   | 1  | hard 1 Se                               |               | , 5        | 20                                      |
|                             | 1  | Cash - non-interest-bearing  |        | 3,611,511.               | 2  | 22,2                                    |               |            | *********                               |
|                             | 2  | Savings and temporary cash investments   |        | 1,803,184.               |    |   | 087           | <u> </u>   |   |
|                             | 3  | Pledges and grants receivable, net   |        | 2,800,609.               |    |   | 058           |            |   |
|                             | 4  | Accounts receivable, net   |        | 2,000,009.               | 4  | 1,1                                     | ,,,,          | , 0.       | ± 3                                     |
|                             | 5  | Receivables from current and former officers, directors, trustees, key             |        |                          | _  |   |               |            |   |
|                             |  | employees, or other related parties. Complete Part II of Schedule L                |        | 5                        |    |   |               |            |   |
|                             | 6  | Receivables from other disqualified persons (as defined under section              |        |                          |    |   |               |            |   |
|                             |  | 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete               |        |                          |    |   |               |            |   |
|                             |  | Part II of Schedule L  |        |                          | 6  |   |               |            |   |
| ets                         | 7  | Notes and loans receivable, net  |        | 2 274 170                | 7  |   | 107           |            | 12                                      |
| Assets                      | 8  | Inventories for sale or use  |        | 3,274,178.               | 8  |   | 187           |            |   |
| **                          | 9  | Prepaid expenses and deferred charges  | C 1 A  | 3,240,228.               | 9  | Z,.                                     | 506           | , 4        | <b>∞</b> 1                              |
|                             | 10a  | Land, buildings, and equipment: cost basis 10a 114,533,6                           | 014.   |                          |    |   |               |            |   |
|                             | b  | Less: accumulated depreciation. Complete   | 0 E O  | 4E 001 003               |    | 16                                      | . O 4         | ****       | ###<br><b>~</b> ^                       |
|                             |  | Part VI of Schedule D 10b 67,939,0   |        | 45,891,883.              |    | 46,5                                    |               |            |   |
|                             | 11   | Investments · publicly traded securities   |        | 40,678.                  |    | E                                       | 18            | ·····      |   |
|                             | 12   | Investments - other securities. See Part IV, line 11                               |        | 21,022,294.              | 1  | 3,3                                     | 586           | , <u>1</u> | 20                                      |
|                             | 13   | investments · program-related. See Part IV, line 11                                |        | 1                        | 13 |   |               |            |   |
|                             | 14   | Intangible assets  |        | 11,378,493.              | 14 | 11,4                                    | 111           | Λ          | 1 0                                     |
|                             | 15   | Other assets. See Part IV, line 11   |        | 93,072,558.              | 15 | 90,9                                    |               |            |   |
|                             | 16   | Total assets. Add lines 1 through 15 (must equal line 34)                          |        | 13,078,901.              |    |   | 527           |            |   |
|                             | 17   | Accounts payable and accrued expenses  |        | 13,070,901.              | 17 | 2,.                                     | 121           | , ,        | 20                                      |
|                             | 18   | Grants payable   |        | 1,090,631.               | 18 | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~  | 200           |            | ٥.6                                     |
|                             | 19   | Deferred revenue   |        | 1,090,031.               | 19 | 2,1                                     | 200           | , 0.       | 70                                      |
|                             | 20   | Tax-exempt bond liabilities  |        |                          | 20 |   |               |            |   |
| Liabilities                 | 21   | Escrow account liability. Complete Part IV of Schedule D                           |        |                          | 21 |   |               |            |   |
| biii                        | 22   | Payables to current and former officers, directors, trustees, key employee         |        |                          |    |   |               |            |   |
| <u></u>                     |  | highest compensated employees, and disqualified persons. Complete Pa               |        | 22                       |    | 9000000000                              | 888080        | 200000     |   |
|                             |  | of Schedule L  |        | 23                       |    |   |               |            |   |
|                             | 23   | Secured mortgages and notes payable to unrelated third parties                     |        |                          | 24 |   |               |            |   |
|                             | 24<br>25   | Unsecured notes and loans payable Other liabilities. Complete Part X of Schedule D |        | 3,674,715.               |    | 3 - 6                                   | 584           | . 9.       | 47                                      |
|                             | 25<br>26   | Total liabilities. Add lines 17 through 25   |        | 17,844,247.              |    | 15,4                                    |               |            |   |
|                             | 20   | Organizations that follow SFAS 117, check here X and comp                          |        |                          |    |   |               |            |   |
| w                           |  | lines 27 through 29, and lines 33 and 34.  |        |                          |    |   |               |            |   |
| ĕ                           | 27   | Unrestricted net assets  |        | 70,027,848.              | 27 | 71,9                                    | 970           | .7         | 79                                      |
| <u>a</u>                    | 28   | Temporarily restricted net assets  |        | 5,109,463.               | 28 |   | 521           | ·          |   |
| Ä                           | 29   | Permanently restricted net assets  |        | 91,000.                  | 29 | *************************************** | 91            |            |   |
| Ĕ                           |  | Organizations that do not follow SFAS 117, check here                              |        |                          |    |   |               |            |   |
| Net Assets or Fund Balances |  | complete lines 30 through 34.  |        |                          |    |   |               |            |   |
| ţ                           | 30   | Capital stock or trust principal, or current funds                                 |        |                          | 30 | *****************                       | onesons and a | *******    |   |
| SSe                         | 31   | Paid-in or capital surplus, or land, building, or equipment fund                   |        |                          | 31 |   |               |            |   |
| ¥                           | 32   | Retained earnings, endowment, accumulated income, or other funds                   |        |                          | 32 |   | ········      |            | ***********                             |
| ž                           | 33   | Total net assets or fund balances  |        | 75,228,311.              | 33 | 75,5                                    | 583           | , 4        | $\overline{64}$                         |
|                             | 34   | Total liabilities and net assets/fund balances                                     |        | 93,072,558.              | 34 | 90,9                                    |               |            |   |
| Pa                          | n XI   |  |        |                          |    |   |               |            |   |
| Linnan                      |  |  |        |                          |    | \$7700C                                 | Y             | es         | No                                      |
| 1                           | Acco   | ounting method used to prepare the Form 990: Cash X Accrua                         | al 🗀   | Other                    |    |   |               |            |   |
| 2a                          | Were   | the organization's financial statements compiled or reviewed by an indep           | endent | accountant?              |    | 2                                       | a L           |            | <u> X</u>                               |
| b                           | Were the organization's financial statements audited by an independent accountant? |  |        |                          |    |   |               |            |   |
| c                           |  | es" to lines 2a or 2b, does the organization have a committee that assume          |        |                          |    | 3                                       |               | ,          |   |
|                             |  | w, or compilation of its financial statements and selection of an independe        |        |                          |    |   | c             | X          | *******                                 |
| 3a                          |  | result of a federal award, was the organization required to undergo an aud         |        |                          |    | 1                                       |               |            | **                                      |
|                             |  | and OMB Circular A-133?  |        |                          |    | [                                       |               |            | X                                       |
| <u>b</u>                    | If "Ye   | es," did the organization undergo the required audit or audits?                    |        |                          |    | 3                                       |               |            |   |

## SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

2008 Open to Public Inspection

OMB No. 1545-0047

**Employer identification number** Name of the organization FOCUS ON THE FAMILY 95-3188150 Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only one organization.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete the Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. d Type III - Other c \_\_\_\_ Type III - Functionally integrated **b** \_\_\_\_ Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the organizations the organization supports. h (vi) Is the organization in col. (i) organized in the (iii) Type of (iv) Is the organization (v) Did you notify the (i) Name of supported (ii) EIN (vii) Amount of organization in col. (i) listed in your organization in col. organization support (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) Yes No Yes Yes No

832021 12-17-08

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

Schedule A (Form 990 or 990-EZ) 2008

|     | edule A (Form 990 or 990-EZ) 2008  |                      |                       |   |   | ==>                                     | Page 2                                  |  |  |
|-----|--|----------------------|-----------------------|---|---|---|---|--|--|
|     | rt II Support Schedule for   |                      |                       |   | (b)(1)(A)(iv) an                        | d 170(b)(1)(A)(vi)                      |   |  |  |
|     | (Complete only if you checke   | ed the box on line 5 | , 7, or 8 of Part I.) |   |   |   | *************************************** |  |  |
|     | ction A. Public Support  | T                    |                       | 1                                       |   | TT-                                     |   |  |  |
|     | endar year (or fiscal year beginning in)   | (a) 2004             | <b>(b)</b> 2005       | (c) 2006                                | (d) 2007                                | (e) 2008                                | (f) Total                               |  |  |
| 1   | Gifts, grants, contributions, and  |                      |                       |   |   |   |   |  |  |
|     | membership fees received. (Do not  |                      |                       |   |   |   |   |  |  |
|     | include any "unusual grants.")   |                      |                       |   | *************************************** |   |   |  |  |
| 2   | Tax revenues levied for the organ-   |                      |                       |   |   |   |   |  |  |
|     | ization's benefit and either paid to   |                      |                       |   |   | [                                       |   |  |  |
| _   | or expended on its behalf  |                      |                       |   |   |   |   |  |  |
| 3   | The value of services or facilities  |                      |                       |   |   |   |   |  |  |
|     | furnished by a governmental unit to  |                      |                       |   |   |   |   |  |  |
|     | the organization without charge  |                      |                       |   |   |   |   |  |  |
| 4   | <b>Total.</b> Add lines 1 - 3  |                      |                       |   |   |   | *************************************** |  |  |
| 5   | by each person (other than a   |                      |                       |   |   |   |   |  |  |
|     | governmental unit or publicly  |                      |                       |   |   |   |   |  |  |
|     | supported organization) included   |                      |                       |   |   |   |   |  |  |
|     | on line 1 that exceeds 2% of the   |                      |                       |   |   |   |   |  |  |
|     | amount shown on line 11,   |                      |                       |   |   |   |   |  |  |
|     | column (f)   |                      |                       |   |   |   |   |  |  |
| 6   | Public Support. Subtract line 5 from line 4.   |                      |                       |   |   |   |   |  |  |
|     | ction B. Total Support   |                      |                       |   |   |   |   |  |  |
| ,   | endar year (or fiscal year beginning in)   | (a) 2004             | <b>(b)</b> 2005       | (c) 2006                                | (d) 2007                                | (e) 2008                                | (f) Total                               |  |  |
|     | Amounts from line 4  |                      |                       |   |   |   |   |  |  |
| 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   |                      |                       |   |   |   |   |  |  |
| 10  | Other income. Do not include gain  |                      |                       |   |   |   |   |  |  |
|     | or loss from the sale of capital   |                      |                       |   |   | 1                                       |   |  |  |
|     | assets (Explain in Part IV.)   |                      |                       |   |   |   |   |  |  |
| 11  | <b>Total support.</b> Add lines 7 through 10   |                      |                       |   |   |   |   |  |  |
| 12  | Gross receipts from related activities   |                      |                       |   |   |   |   |  |  |
| 13  | First five years. If the Form 990 is fo  |                      |                       |   |   |   |   |  |  |
| ~   | organization, check this box and sto   |                      |                       | *************************************** | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | **************************************  | <b>P</b>                                |  |  |
|     | ction C. Computation of Pub  |                      |                       |   |   | 14                                      |   |  |  |
|     | Public support percentage for 2008   |                      |                       |   |   |   | <u>%</u>                                |  |  |
| 15  | Public support percentage from 200 a 33 1/3% support test - 2008. If the   |                      |                       |   |   | ······································  | <u>%</u>                                |  |  |
| 108 |  |                      |                       |   |   |   |   |  |  |
| L   | stop here. The organization qualifies 33 1/3% support test - 2007. If the  |                      |                       |   |   |   |   |  |  |
| Į,  | and stop here. The organization qua  |                      |                       |   |   |   |   |  |  |
| 17~ | and stop nere. The organization qual 10% -facts-and-circumstances tes  |                      |                       |   |   |   |   |  |  |
| 170 | and if the organization meets the "fa  |                      |                       |   |   |   |   |  |  |
|     | <u> </u>   |                      |                       |   |   |   | harmont                                 |  |  |
| J.  | meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  |                      |                       |   |   |   |   |  |  |
| 1.  |  |                      |                       |   |   |   | 01                                      |  |  |
|     | more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization |                      |                       |   |   |   |   |  |  |
| 18  | Private foundation. If the organization  |                      |                       |   |   |   | , F                                     |  |  |
|     |  |                      |                       |   |   | edule A (Form 990 c                     |   |  |  |

95-3188150 Page 3 Schedule A (Form 990 or 990-EZ) 2008 FOCUS ON THE FAMILY 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.) Section A. Public Support (a) 2004 Calendar year (or fiscal year beginning in) (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 125,503,495, 126 893 000. 128,470,889 133,267,216. 119,675,188, 633,809,788. 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 6,648,284 7,232,541 8,456,241 9,064,763 9,637,723 41,039,552. 3 Gross receipts from activities that are not an 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 6 Total. Add lines 1 · 5 ...... 132,151,779 134,125,541 136,927,130 142,331,979 129,312,911 674,849,340. 7a Amounts included on lines 1, 2, and 314,983. 100,986. 1 053 617 3 received from disqualified persons 1,279,708 1,007,329 3,756,623. b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 ....... 1,516,129 2 943 334 4,459,463. c Add lines 7a and 7b 1,053,617. 1,279,708 1,831,112 3,044,320, 1,007,329 8,216,086. 8 Public support (Subtract line 7c from line 6.) 666,633,254. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2004 **(b)** 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 9 Amounts from line 6 136,927,130. 142,331,979. 129,312,911 674,849,340. 132,151,779, 134,125,541. 10a Gross income from interest. dividends, payments received on securities loans, rents, royalties 3,972,153 2,063,050 1,808,130 12,988,125. and income from similar sources ... 1,219,439. 3,925,353 b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 2,063,050 1,219,439, 3,925,353. 3,972,153. 1,808,130 12,988,125. 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital 4,541,747 3 633 113 3,871,141 3,169,460 2 020 049 17,235,510. assets (Explain in Part IV.) ..... Total support (Add lines 9, 10c, 11, and 12.) 705 072 975. 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage 94.55 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f) 15 % 94.05 16 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g % Section D. Computation of Investment Income Percentage 1.84 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 2.11 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h % 19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not X | more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and

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

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

Schedule A (Form 990 or 990-EZ) 2008

Schedule B (Form 990, 990-EZ, or 990-PF)

Name of the organization

**Schedule of Contributors** ► Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Employer identification number

| FO   | CUS ON THE FAMILY  | 95-3188150                             |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| Organization type (check o   | ne):   |  |  |  |  |  |  |
| Filers of:   | Section:   |  |  |  |  |  |  |
| Form 990 or 990-EZ   | X 501(c)( 3 ) (enter number) organization  |  |  |  |  |  |  |
|  | 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation   |  |  |  |  |  |  |
|  | 527 political organization   |  |  |  |  |  |  |
| Form 990-PF  | 501(c)(3) exempt private foundation  |  |  |  |  |  |  |
|  | 4947(a)(1) nonexempt charitable trust treated as a private foundation  |  |  |  |  |  |  |
|  | 501(c)(3) taxable private foundation   |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| •  | s covered by the <b>General Rule</b> or a <b>Special Rule. (Note.</b> Only a section 501(c)(7), (8), and a Special Rule. See instructions.)  | or (10) organization can check boxes   |  |  |  |  |  |
| General Rule   |  |  |  |  |  |  |  |
| For organizations f  | iling Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in mo   | oney or property) from any one         |  |  |  |  |  |
| Special Rules  |  |  |  |  |  |  |  |
| 509(a)(1)/170(b)(1)  | e)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of (A)(vi), and received from any one contributor, during the year, a contribution of the green part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and      | eater of (1) \$5,000 or (2) 2% of the  |  |  |  |  |  |
| aggregate contribu   | c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any or<br>tions or bequests of more than \$1,000 for use <i>exclusively</i> for religious, charitable, sci<br>revention of cruelty to children or animals. Complete Parts I, II, and III. |  |  |  |  |  |  |
| For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) |  |  |  |  |  |  |  |
| they <b>must</b> answer "No" on I  | t are not covered by the General Rule and/or the Special Rules do not file Schedule B<br>Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ,<br>t the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).                    |  |  |  |  |  |  |
| •  | Paperwork Reduction Act Notice, see the Instructions Schedule instructions will be issued separately.  | B (Form 990, 990-EZ, or 990-PF) (2008) |  |  |  |  |  |

Employer identification number

| FOCUS ON THE FAMI | CUD | ON | THE | PAPILL | Х. |
|-------------------|-----|----|-----|--------|----|
|-------------------|-----|----|-----|--------|----|

95-3188150

| Part I     | Contributors (see instructions)   |                                |   |
|------------|-----------------------------------|--------------------------------|---|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Aggregate contributions | (d)<br>Type of contribution   |
| 1          |                                   | \$ 2,777,185.                  | Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Aggregate contributions | (d)<br>Type of contribution   |
|            |                                   | \$                             | Person Payroll Noncash (Complete Part II if there is a noncash contribution.)   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c) Aggregate contributions    | (d) Type of contribution  |
|            |                                   | \$                             | Person Payroll Noncash (Complete Part II if there is a noncash contribution.)   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c) Aggregate contributions    | (d)<br>Type of contribution   |
|            |                                   | \$                             | Person Payroll Noncash (Complete Part II if there is a noncash contribution.)   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c) Aggregate contributions    | (d)<br>Type of contribution   |
|            |                                   | \$                             | Person Payroli Noncash (Complete Part II if there is a noncash contribution.)   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c) Aggregate contributions    | (d)<br>Type of contribution   |
|            |                                   | \$                             | Person Payroll Noncash (Complete Part II if there is a noncash contribution.)   |

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

## **Political Campaign and Lobbying Activities**

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

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, 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 "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

| •          | Section 501(c)(4), (5), or (6) organiza | tions: Complete Part III.  |   |                                |   |
|------------|---|--|---|--------------------------------|---|
| Nan        | ne of organization                      |  |   | Emp                            | loyer identification number                   |
|            | FOCUS C                                 | N THE FAMILY   |   |                                | 95-3188150                                    |
| Pε         | art I-A To be completed b               | y all organizations exen   | npt under section                       | 501(c) and section 5           | 27 organizations.                             |
|            | See the instructions for S              | Schedule C for details.  |   |                                |   |
| 1          | Provide a description of the organiz    | zation's direct and indirect politi  | ical campaign activities                | in Part IV.                    |   |
| 2          | Political expenditures                  | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  |   | ,                              | 0.  |
|            |   |  |   |                                | 10 400  |
|            |   |  |   |                                |   |
| Pa         | art I-B To be completed b               | y all organizations exen   | npt under section                       | 501(c)(3).                     |   |
|            | See the instructions for S              | Schedule C for details.  |   |                                |   |
| 1          | Enter the amount of any excise tax      | incurred by the organization un  | der section 4955                        | <b>&gt;</b> \$                 | 0.  |
| 2          | Enter the amount of any excise tax      | incurred by organization manage  | gers under section 495                  | 5                              | 0.  |
| 3          |   |  |   |                                |   |
| <b>4</b> a | Was a correction made?                  |  | *************************************** |                                | Yes No  |
| t          | If "Yes," describe in Part IV.          |  |   |                                |   |
| Pa         | art I-C To be completed b               | y all organizations exen   | npt under section                       | 501(c), except section         | on 501(c)(3).                                 |
|            | See the instructions for S              | Schedule C for details.  |   |                                |   |
| 1          | Enter the amount directly expende       | d by the filing organization for s   | ection 527 exempt fund                  | ction activities               | S   |
| 2          | Enter the amount of the filing organ    | nization's funds contributed to c  | other organizations for s               | section 527                    |   |
|            | exempt function activities              |  | *************************************** | <b>&gt;</b> \$                 |   |
| 3          | Total of direct and indirect exempt     | function expenditures. Add line  | s 1 and 2 and enter he                  | re and on                      |   |
|            | Form 1120-POL, line 17b                 | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  |   |                                | }   |
| 4          | Did the filing organization file Form   |  |   |                                |   |
| 5          | State the names, addresses and e        | mployer identification number (E   | EIN) of all section 527 p               | olitical organizations to whic | ch payments were made.                        |
|            | Enter the amount paid and indicate      |  |   |                                |   |
|            | promptly and directly delivered to      |  | , such as a separate se                 | gregated fund or a political   | action committee (PAC).                       |
|            | If additional space is needed, provi    | de information in Part IV.   |   |                                |   |
|            | (a) Name                                | (b) Address  | (c) EIN                                 | (d) Amount paid from           | (e) Amount of political                       |
|            |   | THE STATE OF THE S |   | filing organization's          | contributions received and                    |
|            |   | The state of the s |   | funds. If none, enter -0       | promptly and directly delivered to a separate |
|            |   |  |   |                                | political organization.                       |
|            |   |  |   |                                | If none, enter -0                             |
|            |   |  |   |                                |   |
|            |   |  |   |                                |   |
|            |   |  |   |                                |   |
|            |   |  |   |                                |   |
|            |   |  |   |                                |   |
|            |   |  |   |                                |   |
|            |   |  |   |                                |   |
|            |   |  |   |                                |   |
|            |   |  |   |                                |   |
|            |   |  |   |                                |   |
|            |   |  |   |                                |   |
|            |   | i  | 1                                       | I                              | 1   |

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Schedule C (Form 990 or 990-EZ) 2008

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

| Lobbying Expenditures During 4-Year Averaging Period                           |            |                 |            |                    |                     |  |  |  |  |
|--|------------|-----------------|------------|--------------------|---------------------|--|--|--|--|
| Calendar year<br>(or fiscal year beginning in)                                 | (a) 2005   | <b>(b)</b> 2006 | (c) 2007   | (d) 2008           | (e) Total           |  |  |  |  |
| 2a Lobbying non-taxable amount   | 1,000,000. | 1,000,000.      | 1,000,000. | 1,000,000.         | 4,000,000.          |  |  |  |  |
| <ul> <li>b Lobbying ceiling amount<br/>(150% of line 2a, column(e))</li> </ul> |            |                 |            |                    | 6,000,000.          |  |  |  |  |
| c Total lobbying expenditures  | 732,202.   | 101,902.        | 592,110.   | 224,641.           | 1,650,855.          |  |  |  |  |
| d Grassroots non-taxable amount  | 250,000.   | 250,000.        | 250,000.   | 250,000.           | 1,000,000.          |  |  |  |  |
| e Grassroots ceiling amount<br>(150% of line 2d, column (e))                   |            |                 |            |                    | 1,500,000.          |  |  |  |  |
| f Grassroots lobbying expenditures   |            |                 | 21,987.    |                    | 21,987.             |  |  |  |  |
|  |            |                 |            | Schodulo C /Form ( | 000 or 000 E71 2000 |  |  |  |  |

Schedule C (Form 990 or 990-EZ) 2008

# Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

|             |  | (6                                      | a)        |         | (Ł                                      | )                                       |
|-------------|--|---|-----------|---------|---|---|
|             |  | Yes                                     | N         | 0       | Amo                                     | ount                                    |
| 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:   |   |           |         |   |   |
| а           | Volunteers?  |   |           |         |   |   |
| b           | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?                             |   |           |         |   |   |
| C           | Media advertisements?  |   |           |         |   |   |
| d           | Mailings to members, legislators, or the public?   | *************************************** |           |         |   |   |
| e           | Publications, or published or broadcast statements?  |   |           |         | ****                                    |   |
| f           | Grants to other organizations for lobbying purposes?   |   |           |         |   |   |
| g           | Direct contact with legislators, their staffs, government officials, or a legislative body?                              |   |           |         |   |   |
| h<br>:      | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?                                  | *************************************** |           |         |   |   |
| :           | Other activities? If "Yes," describe in Part IV  |   |           |         |   |   |
| 92          | Total lines 1c through 1i  Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? |   | ********* | 3000000 |   |   |
|             | If "Yes," enter the amount of any tax incurred under section 4912  |   |           |         |   |   |
|             | If "Yes," enter the amount of any tax incurred by organization managers under section 4912                               |   |           |         |   | ···                                     |
|             | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?                             |   | ********* | 3333333 |   |   |
|             | tilli-A To be completed by all organizations exempt under section 501(c)(4),   | section                                 | 5016      | c)(5)   | . or sect                               | ion                                     |
| gusyoonus o | 501(c)(6). See the instructions for Schedule C for details.  |   | ,         | -,,-,   | , 0. 0000                               |   |
|             |  |   |           |         | Yes                                     | No                                      |
| 1           | Were substantially all (90% or more) dues received nondeductible by members?   |   | Γ         | 1       | *************************************** | *************************************** |
| 2           | Did the organization make only in-house lobbying expenditures of \$2,000 or less?  |   |           | 2       |   |   |
| 3           | Did the organization agree to carryover lobbying and political expenditures from the prior year?                         |   |           | 3       |   |   |
| Par         | tilliB To be completed by all organizations exempt under section 501(c)(4),  | section                                 | 501(      | c)(5)   | , or sect                               | ion                                     |
|             | 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR   | if Part III                             | l-A, c    | lues    | tion 3 is                               |   |
|             | answered "Yes." See Schedule C instructions for details.   |   |           |         |   |   |
| 1           | Dues, assessments and similar amounts from members   |   | ]         | 1       |   |   |
| 2           | Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenditures)     | caf                                     |           |         |   |   |
|             | expenses for which the section 527(f) tax was paid).   |   | į.        |         |   |   |
| а           | Current year   |   | £         | 2a      |   | ······                                  |
| þ           | Carryover from last year   |   |           | 2b      |   |   |
| ¢           | Total  |   |           | 2c      |   |   |
| 3           | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues                          |   |           | 3       | ·····                                   |   |
| 4           | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc                     |   |           |         |   |   |
|             | does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p                      | olitical                                | 8         |         |   |   |
| _           | expenditure next year?   |   |           | 4       |   |   |
| 5           | Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)                                      |   |           | 5       |   |   |
| ****        | Supplemental Information   |   |           |         |   |   |
|             | plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; an        | d Part II-B,                            | line 1i   | . Also  | , complete                              | this part                               |
| for ar      | ny additional information.   |   |           |         |   |   |
|             |  |   |           |         |   |   |
|             |  |   |           |         |   |   |
|             |  |   |           |         |   |   |
|             |  |   |           |         |   |   |
|             |  |   |           |         |   |   |
|             |  |   |           |         |   |   |
|             |  |   |           |         |   | ······                                  |
|             |  |   |           |         |   |   |
|             |  |   |           |         | *************************************** |   |
|             |  |   |           |         |   |   |
|             |  |   |           |         |   |   |

# Schedule D (Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2008 Open to Public Inspection

Name of the organization

FOCUS ON THE FAMILY

Employer identification number 95–3188150

|             | organization answered "Yes" to Form 990, Part IV, line   | (a) Donor advised funds   | (b) Cundo and other control   |
|-------------|--|---|---|
|             | -  | (a) Donor advised lunds   | (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 v   |   |   |
|             | are the organization's property, subject to the organization's   | _   |   |
| 6           | Did the organization inform all grantees, donors, and donor a  | dvisors in writing that grant funds may b   | ·   |
| ana ana ana | for charitable purposes and not for the benefit of the donor of  |   |   |
| Pa          | rt II Conservation Easements. Complete if the org  | anization answered "Yes" to Form 990,   | Part IV, line 7.  |
| 1           | Purpose(s) of conservation easements held by the organization  | on (check all that apply).  |   |
|             | Preservation of land for public use (e.g., recreation or p   | ,— <sub>1</sub>   | istorically important land area   |
|             | Protection of natural habitat  | Preservation of certif  | fied historic structure   |
|             | Preservation of open space   |   |   |
| 2           | Complete lines 2a-2d if the organization held a qualified conse  | ervation contribution in the form of a cor  | nservation easement on the last day   |
|             | of the tax year.   |   | G3G3G3G3G   |
|             |  |   | Held at the End of the Yea  |
| а           | Total number of conservation easements   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  | 2a  |
| b           | Total acreage restricted by conservation easements   |   | 2b  |
| C           | Number of conservation easements on a certified historic stru  | ucture included in (a)  | 2c  |
| d           | Number of conservation easements included in (c) acquired a  | after 8/17/06   | 2d  |
| 3           | Number of conservation easements modified, transferred, rele   | eased, extinguished, or terminated by th  | ne organization during the taxable  |
|             | year ▶   |   |   |
| 4           | Number of states where property subject to conservation eas  | sement is located >   |   |
| 5           | Does the organization have a written policy regarding the per  | iodic monitoring, inspection, violations, a   | and   |
|             | enforcement of the conservation easements it holds?  |   | · · · · · · · · · · · · · · · · · · ·   |
| 6           | Staff or volunteer hours devoted to monitoring, inspecting, ar   |   | to the second se  |
| 7           | Amount of expenses incurred in monitoring, inspecting, and e   |   |   |
| 8           | Does each conservation easement reported on line 2(d) abov   |   | · · · · · · · · · · · · · · · · · · ·   |
| _           | and section 170(h)(4)(B)(ii)?  | •   |   |
|             |  |   |   |
| 9           | In Part XIV, describe how the organization reports conservation  |   |   |
| 9           | In Part XIV, describe how the organization reports conservationally include, if applicable, the text of the footnote to the organization   |   | s the organization's accounting for   |
| 9           | include, if applicable, the text of the footnote to the organizat  |   | s the organization's accounting for   |
|             | include, if applicable, the text of the footnote to the organizat conservation easements.  | ion's financial statements that describes   |   |
|             | include, if applicable, the text of the footnote to the organizat conservation easements.  TEMP Organizations Maintaining Collections of   | ion's financial statements that describes  Art, Historical Treasures, or C  |   |
|             | include, if applicable, the text of the footnote to the organizat conservation easements.  | ion's financial statements that describes  Art, Historical Treasures, or C  |   |
| Pē          | include, if applicable, the text of the footnote to the organizat conservation easements.  TILL Organizations Maintaining Collections of Complete if the organization answered "Yes" to Form   | ion's financial statements that describes  F Art, Historical Treasures, or C 990, Part IV, line 8.  | Other Similar Assets.   |
| Pē          | include, if applicable, the text of the footnote to the organizat conservation easements.  TILL Organizations Maintaining Collections of Complete if the organization answered "Yes" to Form!  If the organization elected, as permitted under SFAS 116, not   | ion's financial statements that describes  F Art, Historical Treasures, or C  990, Part IV, line 8.  t to report in its revenue statement and b   | Other Similar Assets.  balance sheet works of art, historical   |
| Pē          | include, if applicable, the text of the footnote to the organizat conservation easements.  TIII Organizations Maintaining Collections of Complete if the organization answered "Yes" to Form!  If the organization elected, as permitted under SFAS 116, not treasures, or other similar assets held for public exhibition, economics.   | ion's financial statements that describes  FArt, Historical Treasures, or C  990, Part IV, line 8.  It to report in its revenue statement and be  ducation, or research in furtherance of pu  | Other Similar Assets.  balance sheet works of art, historical   |
| Pa<br>1a    | include, if applicable, the text of the footnote to the organizat conservation easements.  THE Organizations Maintaining Collections of Complete if the organization answered "Yes" to Form!  If the organization elected, as permitted under SFAS 116, not treasures, or other similar assets held for public exhibition, ect the footnote to its financial statements that describes these if  | ion's financial statements that describes  FArt, Historical Treasures, or C  990, Part IV, line 8.  It to report in its revenue statement and be  ducation, or research in furtherance of put   | Other Similar Assets.  balance sheet works of art, historical ublic service, provide, in Part XIV, the text   |
| Pa<br>1a    | include, if applicable, the text of the footnote to the organizat conservation easements.  Organizations Maintaining Collections of Complete if the organization answered "Yes" to Form!  If the organization elected, as permitted under SFAS 116, not treasures, or other similar assets held for public exhibition, extend the footnote to its financial statements that describes these it if the organization elected, as permitted under SFAS 116, to a  | ion's financial statements that describes  f Art, Historical Treasures, or C  990, Part IV, line 8.  t to report in its revenue statement and b  ducation, or research in furtherance of put  tems.  report in its revenue statement and balance.   | Dther Similar Assets.  balance sheet works of art, historical ublic service, provide, in Part XIV, the text nice sheet works of art, historical treasures   |
| Pa<br>1a    | include, if applicable, the text of the footnote to the organizat conservation easements.  Organizations Maintaining Collections of Complete if the organization answered "Yes" to Form!  If the organization elected, as permitted under SFAS 116, not treasures, or other similar assets held for public exhibition, ecthe footnote to its financial statements that describes these if the organization elected, as permitted under SFAS 116, to a or other similar assets held for public exhibition, education, or  | ion's financial statements that describes  f Art, Historical Treasures, or C  990, Part IV, line 8.  t to report in its revenue statement and b  ducation, or research in furtherance of put  tems.  report in its revenue statement and balance.   | Dther Similar Assets.  balance sheet works of art, historical ublic service, provide, in Part XIV, the text nice sheet works of art, historical treasures   |
| Pa<br>1a    | include, if applicable, the text of the footnote to the organizat conservation easements.  Organizations Maintaining Collections of Complete if the organization answered "Yes" to Form!  If the organization elected, as permitted under SFAS 116, not treasures, or other similar assets held for public exhibition, ecthe footnote to its financial statements that describes these if the organization elected, as permitted under SFAS 116, to a or other similar assets held for public exhibition, education, or these items:   | ion's financial statements that describes  FArt, Historical Treasures, or C  990, Part IV, line 8.  It to report in its revenue statement and be ducation, or research in furtherance of put tems.  report in its revenue statement and balar r research in furtherance of public service   | Dther Similar Assets.  balance sheet works of art, historical ublic service, provide, in Part XIV, the text noce sheet works of art, historical treasures be, provide the following amounts relating to   |
| Pa<br>1a    | include, if applicable, the text of the footnote to the organizat conservation easements.  Till Organizations Maintaining Collections of Complete if the organization answered "Yes" to Form!  If the organization elected, as permitted under SFAS 116, not treasures, or other similar assets held for public exhibition, extended the organization elected, as permitted under SFAS 116, to a or other similar assets held for public exhibition, education, or other similar assets held for public exhibition, education, or these items:  (i) Revenues included in Form 990, Part VIII, line 1   | ion's financial statements that describes  FArt, Historical Treasures, or C  990, Part IV, line 8.  It to report in its revenue statement and be ducation, or research in furtherance of puterns.  report in its revenue statement and balan r research in furtherance of public service  | Dather Similar Assets.  balance sheet works of art, historical ublic service, provide, in Part XIV, the text noce sheet works of art, historical treasures be, provide the following amounts relating to  |
| Pa<br>1a    | include, if applicable, the text of the footnote to the organizat conservation easements.  Title Organizations Maintaining Collections of Complete if the organization answered "Yes" to Form!  If the organization elected, as permitted under SFAS 116, not treasures, or other similar assets held for public exhibition, extended the organization elected, as permitted under SFAS 116, to a or other similar assets held for public exhibition, education, or other similar assets held for public exhibition, education, or these items:  (i) Revenues included in Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  | ion's financial statements that describes  FArt, Historical Treasures, or C  990, Part IV, line 8.  It to report in its revenue statement and be ducation, or research in furtherance of puterns.  report in its revenue statement and balan r research in furtherance of public service  | Dather Similar Assets.  balance sheet works of art, historical ublic service, provide, in Part XIV, the text name sheet works of art, historical treasures be, provide the following amounts relating to the service of   |
| Pa<br>1a    | include, if applicable, the text of the footnote to the organizat conservation easements.  Organizations Maintaining Collections of Complete if the organization answered "Yes" to Form!  If the organization elected, as permitted under SFAS 116, not treasures, or other similar assets held for public exhibition, extended the footnote to its financial statements that describes these if the organization elected, as permitted under SFAS 116, to a or other similar assets held for public exhibition, education, or these items:  (i) Revenues included in Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical treaters.   | ion's financial statements that describes  FArt, Historical Treasures, or C  990, Part IV, line 8.  It to report in its revenue statement and blucation, or research in furtherance of puterns.  report in its revenue statement and balar research in furtherance of public services  asures, or other similar assets for financial                                | Dather Similar Assets.  balance sheet works of art, historical ublic service, provide, in Part XIV, the text name sheet works of art, historical treasures be, provide the following amounts relating to the service of   |
| Pa<br>1a    | include, if applicable, the text of the footnote to the organizat conservation easements.  Organizations Maintaining Collections of Complete if the organization answered "Yes" to Form!  If the organization elected, as permitted under SFAS 116, not treasures, or other similar assets held for public exhibition, extended the footnote to its financial statements that describes these if the organization elected, as permitted under SFAS 116, to or other similar assets held for public exhibition, education, or these items:  (i) Revenues included in Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical treat the following amounts required to be reported under SFAS 1. | ion's financial statements that describes  F Art, Historical Treasures, or C  990, Part IV, line 8.  It to report in its revenue statement and blucation, or research in furtherance of puterns.  report in its revenue statement and balar research in furtherance of public services  assures, or other similar assets for financial for relating to these items: | balance sheet works of art, historical ublic service, provide, in Part XIV, the text noce sheet works of art, historical treasures be, provide the following amounts relating to \$\bigs\\$ \$\bigs |
| Pa<br>1a    | include, if applicable, the text of the footnote to the organizat conservation easements.  Organizations Maintaining Collections of Complete if the organization answered "Yes" to Form!  If the organization elected, as permitted under SFAS 116, not treasures, or other similar assets held for public exhibition, extended the footnote to its financial statements that describes these if the organization elected, as permitted under SFAS 116, to a or other similar assets held for public exhibition, education, or these items:  (i) Revenues included in Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical treaters.   | f Art, Historical Treasures, or C 990, Part IV, line 8.  It to report in its revenue statement and blucation, or research in furtherance of putterns.  I report in its revenue statement and balant research in furtherance of public services assures, or other similar assets for financial for relating to these items:  | balance sheet works of art, historical ublic service, provide, in Part XIV, the text noce sheet works of art, historical treasures be, provide the following amounts relating to \$\bigs\\$ \$\bigs |

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

Schedule D (Form 990) 2008

|          |   | TUD CWATT                               |           |               |   |              |                  | OTOOTO.                                 |   |
|----------|---|---|-----------|---------------|---|--------------|------------------|---|---|
| Par      | t III Organizations Maintaining Co  | <u>llections of Ar</u>                  | t, His    | torical Tr    | easures,                                | or Other     | <u>Similar A</u> | ssets (conti                            | inued)                                  |
| 3        | Using the organization's accession and other r  | ecords, check any                       | of the f  | following tha | at are a signif                         | icant use of | its collectio    | n items (chec                           | k all                                   |
|          | that apply):  |   |           |               |   |              |                  |   |   |
| а        | X Public exhibition   | d                                       |           | Loan or exc   | hange progra                            | ams          |                  |   |   |
| b        | Scholarly research  | е                                       |           | Other         |   |              |                  |   |   |
| c        | X Preservation for future generations   |   |           |               |   |              |                  |   |   |
| 4        | Provide a description of the organization's coll  | ections and explair                     | n how th  | hey further t | he organizati                           | ion's exemp  | t purpose in     | Part XIV.                               |   |
| 5        | During the year, did the organization solicit or  |   |           |               |   |              |                  |   |   |
|          | to be sold to raise funds rather than to be mair  |   |           |               |   |              |                  | Yes                                     | X No                                    |
| Par      | t IV Trust, Escrow and Custodial  |   |           |               |   |              |                  |   |   |
| Laccosco | reported an amount on Form 990, Part  |   |           |               |   |              |                  |   | •                                       |
| 1a       | Is the organization an agent, trustee, custodian  |   | iarv for  | contribution  | ns or other as                          | sets not inc | cluded           |   |   |
|          | on Form 990, Part X?  |   |           |               |   |              |                  | Yes                                     | ☐ No                                    |
| b        | If "Yes," explain the arrangement in Part XIV ar  |   |           |               |   |              |                  |   |   |
| ~        | The foot of the control of the foot of the control |   |           |               |   |              |                  | Amount                                  |   |
| c        | Beginning balance   |   |           |               |   |              | 1c               |   | <u> </u>                                |
| ď        | Additions during the year   |   |           |               |   |              | 1d               |   | *************************************** |
| 6        | Distributions during the year   |   |           |               |   |              | 1e               | *************************************** |   |
| ť        | Ending balance  |   |           |               |   |              | 1f               |   |   |
| 2a       | Did the organization include an amount on For   |   |           |               |   |              | <u> </u>         | Yes                                     | No                                      |
| h        | If "Yes," explain the arrangement in Part XIV.  | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |           |               | ***************                         |              | **************** | ,                                       |   |
| Par      | t V Endowment Funds. Complete if of   | organization answe                      | red "Ye   | es" to Form 9 | 990, Part IV.                           | line 10.     |                  |   |   |
|          | · · · · · · · · · · · · · · · · · · ·   | (a) Current year                        |           | rior year     | 1                                       |              | Three years I    | ack (e) Four                            | vears back                              |
| 1a       | Beginning of year balance   | 103,110.                                |           |               |   | <b>(</b> )   |                  |   |   |
| b        | Contributions   | , , , , ,                               |           |               |   |              |                  |   |   |
| c        | Investment earnings or losses   | 3,289.                                  |           |               |   |              |                  |   |   |
| d        | Grants or scholarships  |   |           |               |   |              |                  |   |   |
| e        | Other expenditures for facilities   |   |           |               |   |              |                  |   |   |
| •        | and programs  |   |           |               |   |              |                  |   |   |
| f        | Administrative expenses   |   |           |               |   |              |                  |   |   |
|          | End of year balance   | 106,399.                                |           |               |   |              |                  |   |   |
| g<br>2   | Provide the estimated percentage of the year  |   | o         | ************  | 100000000000000000000000000000000000000 |              |                  |   | 200000000000000000000000000000000000000 |
| a        | Board designated or quasi-endowment   | silo balaijoe nelo a                    | s.<br>%   |               |   |              |                  |   |   |
| b        | Permanent endowment ► 100.00  | %                                       | 70        |               |   |              |                  |   |   |
| c        | Term endowment ▶ %  |   |           |               |   |              |                  |   |   |
| _        | Are there endowment funds not in the possess  |   | ation the | at are held a | and administs                           | arad for the | organization     |   |   |
| Ja       |   | sion or the organiza                    | ation the | at ale new o  | ard administe                           | sted for the | organization     | ·                                       | Yes No                                  |
|          | by:   |   |           |               |   |              |                  | 3a(i)                                   | X                                       |
|          | (i) unrelated organizations   |   |           |               |   |              |                  | 3a(ii)                                  | X                                       |
|          | (ii) related organizations  If "Yes" to 3a(ii), are the related organizations i   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,    |           |               |   |              |                  | , ,                                     |   |
|          | Describe in Part XIV the intended uses of the c   | •                                       |           |               | *************                           |              | ***************  | [30]                                    |   |
| 4<br>Dai | TVI Investments - Land, Buildings   |   |           |               | Part X line                             | 10           |                  |   |   |
|          | Description of investment   | (a) Cost or ot                          |           | T             | or other                                |              | reciation        | (d) Bool                                | z voluo                                 |
|          | Description of investment   | basis (investm                          |           | , , ,         | (other)                                 | (c) Deb      | reciation        | (4) 500                                 | Value                                   |
|          |   |   |           | I             | 4,210.                                  |              |                  | 8 25                                    | 4,210.                                  |
| 1a       | Land  |   |           |               | 1,236.                                  | 26 21        | 2,176.           | 29 30                                   | 9,060.                                  |
| b        | Buildings   |   |           | 33,71         | , _ , _ ,                               | 20101        |                  |   | <i>-,</i> 000 •                         |
| c        | Leasehold improvements  |   | ·····     | 41 11         | 7,648.                                  | 32 BO        | 2 241            | 2 551                                   | 5,404.                                  |
| d        | Equipment   |   |           |               | 0,520.                                  | 8 73         | 4,632.           | 20                                      | 5,888.                                  |
|          | Other   |   | (0)       | ·             |   |              |                  |   | 4,562.                                  |
| rotal    | . Add lines 1a-1e. (Column (d) should equal For   | n 990, Part X, colu                     | mn (B),   | iine i U(c).) |   |              |                  | 1 20,000                                | <del>1,000.</del>                       |

Schedule D (Form 990) 2008

| Part VII Investments - Other Securities. Se                          | e Form 990, Part X, line 12             | 2.                                      |                                    |                |
|--|---|---|------------------------------------|----------------|
| (a) Description of security or category (including name of security) | (b) Book value                          |   | ethod of valuat<br>id-of-year mark |                |
| Financial derivatives and other financial products                   |   |   |                                    |                |
| Closely-held equity interests  | *************************************** |   |                                    |                |
| Other  |   |   |                                    |                |
| CALIFORNIA SEGREGATED GIFT   |   |   |                                    |                |
| ANNUITY SECURITIES   | 641,861.                                | END-OF-YEAR                             | MARKET                             | VALUE          |
| WISCONSIN SEGREGATED GIFT  |   | *************************************** |                                    | MINA (1994)    |
| ANNUITY SECURITIES   | 140,640.                                | END-OF-YEAR                             | MARKET                             | VALUE          |
| NATIONAL SEGREGATED GIFT   |   |   |                                    |                |
| ANNUITY SECURITIES   | 4,803,632.                              | END-OF-YEAR                             | MARKET                             | VALUE          |
| OTHER  | 65.                                     | END-OF-YEAR                             |                                    |                |
|  |   |   |                                    |                |
| Total. (Col (b) should equal Form 990, Part X, col (B) line 12.)     | 5,586,198.                              |   |                                    |                |
| Part VIII Investments - Program Related. Se                          | ee Form 990, Part X, line 1             | 3.                                      |                                    |                |
| (a) Description of investment type                                   | (b) Book value                          | (c) M                                   | ethod of valuat<br>nd-of-year mark |                |
|  |   |   |                                    |                |
| ·  |   |   |                                    |                |
|  |   |   |                                    |                |
|  |   |   |                                    |                |
|  |   |   |                                    |                |
|  |   |   |                                    |                |
|  |   |   |                                    |                |
| Total. (Col (b) should equal Form 990, Part X, col (B) line 13.)     | *************************************** |   |                                    |                |
| Part IX Other Assets. See Form 990, Part X, line                     | 15.                                     |   |                                    |                |
|  | Description                             |   | T                                  | (b) Book value |
| WEBSITE AND FILM PRODUCTION C  |   |   |                                    | 5,507,272.     |
| CASH VALUE OF LIFE INSURANCE   |   |   |                                    | 4,620,645.     |
| NOTES RECIEVABLE   |   |   |                                    | 5,063.         |
| MISCELLANEOUS OTHER ASSETS   |   | WIFE, 12, 12                            |                                    | 206,685.       |
| ENDOWMENT FUNDS  |   |   |                                    | 106,399.       |
| CONSTRUCTION IN PROGRESS   |   |   | <del></del>                        | 964,954.       |
| COMPTROCTION IN TROCKEDS   |   |   |                                    |                |
|  |   |   |                                    |                |
|  |   |   |                                    |                |
| Total. (Column (b) should equal Form 990, Part X, col (B) lin        | ne 15.)                                 | *************************************** | <b>&gt;</b>                        | 11,411,018.    |
| Part X Other Liabilities. See Form 990, Part X,                      | line 25.                                |   |                                    |                |
| (a) Description of liability   |   | (b) Amount                              |                                    |                |
| Federal income taxes   |   |   |                                    |                |
| DEFERRED ANNUITIES   |   | 3,684,947.                              |                                    |                |
|  |   |   |                                    |                |
|  |   |   |                                    |                |
|  |   |   |                                    |                |
|  |   |   |                                    |                |
|  |   |   |                                    |                |
|  |   |   |                                    |                |
|  |   |   |                                    |                |
|  | *************************************** |   |                                    |                |
| Total, (Column (b) should equal Form 990, Part X, col (B) lin        | ne 25.)▶                                | 3,684,947.                              |                                    |                |

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

| Par           | t XI Reconciliation of Change in Net Assets from Form 990 to                                | Finan          | cial State  | ements        |          |   |
|---------------|---|----------------|-------------|---------------|----------|---|
| 1             | Total revenue (Form 990, Part VIII, column (A), line 12)                                    |                |             | 1             |          | 130,258,480.                            |
| 2             | Total expenses (Form 990, Part IX, column (A), line 25)                                     |                |             | 2             |          | 129,903,327.                            |
| 3             | Excess or (deficit) for the year. Subtract line 2 from line 1                               | ,              | ,           | 3             |          | 355,153.                                |
| 4             | Net unrealized gains (losses) on investments  |                |             | 4             |          |   |
| 5             | Donated services and use of facilities  |                |             | 5             |          |   |
| 6             | Investment expenses   |                | 1           | 6             |          |   |
| 7             | Prior period adjustments  |                |             | 7             |          |   |
| 8             | Other (Describe in Part XIV)  |                | 1           | 8             |          |   |
| 9             | Total adjustments (net). Add lines 4-8  |                |             | 9             |          | 0.                                      |
| 10            | Excess or (deficit) for the year per financial statements. Combine lines 3 and 9            |                |             | 10            |          | 355 <b>,</b> 153.                       |
| Par           | XII Reconciliation of Revenue per Audited Financial Stateme                                 | ents Wi        | ith Rever   | ue per l      | Return   |   |
| 1             | Total revenue, gains, and other support per audited financial statements                    |                |             |               | 1        | 134387012.                              |
| 2             | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                         | , ,            |             |               |          |   |
| а             | Net unrealized gains on investments   | 2a             |             |               | _        |   |
| b             | Donated services and use of facilities  | 2b             | 21          | 7,127         | •        |   |
| c             | Recoveries of prior year grants   | . 2c           | ····        |               |          |   |
| d             | Other (Describe in Part XIV)  | 2d             | <u>3,91</u> | 1,405         | •        |   |
| е             | Add lines 2a through 2d   | ,.,,,          |             |               | 2e       | 4,128,532.                              |
| 3             | Subtract line 2e from line 1  |                |             |               | 3        | 130258480.                              |
| 4             | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                        | 4 \$           |             |               |          |   |
| а             | Investment expenses not included on Form 990, Part VIII, line 7b                            | 4a             |             |               |          |   |
| b             | Other (Describe in Part XIV)  | 4b             |             |               | _        |   |
| c             | Add lines 4a and 4b   |                |             |               | 4c       | 0.                                      |
| 5             | Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)           |                |             |               | 5        | 130258480.                              |
| Par           | t XIII Reconciliation of Expenses per Audited Financial Statem                              | <u>ients W</u> | /ith Expe   | nses pe       | r Retu   |   |
| 1             | Total expenses and losses per audited financial statements                                  |                |             |               | 1        | 134031859.                              |
| 2             | Amounts included on line 1 but not on Form 990, Part IX, line 25:                           |                |             |               |          |   |
| а             | Donated services and use of facilities  | 2a             | <u>21</u>   | 7 <u>,127</u> | •        |   |
| b             | Prior year adjustments  | 2b             |             |               | _        |   |
| c             | Losses reported on Form 990, Part IX, line 25   |                |             |               |          |   |
| d             | Other (Describe in Part XIV)  | 2d             | 3,91        | 1,405         | •        |   |
| е             | Add lines 2a through 2d   |                |             |               | 2e       | 4,128,532.                              |
| 3             | Subtract line 2e from line 1  |                |             |               | 3        | 129903327.                              |
| 4             | Amounts included on Form 990, Part IX, line 25, but not on line 1:                          |                |             |               |          |   |
| а             | Investment expenses not included on Form 990, Part VIII, Ilne 7b                            | . 4a           |             |               | _        |   |
| b             | Other (Describe in Part XIV)  | 4b             |             |               | _        |   |
| c             | Add lines 4a and 4b   | ,,,.,,.,       |             |               | 4c       | 0.                                      |
|               | Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)          |                |             |               | 5        | 129903327.                              |
| ************* | t XIV Supplemental Information  |                |             |               |          |   |
| •             | olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part I | II, lines 1    | a and 4; Pa | rt IV, lines  | 1b and 2 | 2b; Part V, line 4; Part                |
|               | rt XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.                   | ** 17 % 171    | -D DII      | 0115 T 01     |          | 3.D.W.T.O.W.G                           |
| PAL           | T III, LINE 4: PAINTINGS AND SCULPTURES C   | REATI          | ED BA       | CHRIS.        | LIAN     | ARTISTS                                 |
| ARE           | ON DISPLAY THROUGHOUT THE ORGANIZATION'S  | BUI            | LDINGS      | . THI         | ESE 1    | WORKS OF                                |
| ART           | REFLECT THE ARTIST'S EXPRESSION OF THE B  | EAUT           | Y OF G      | OD'S          | CREA'    | rion and                                |
| THE           | EXPRESSION OF GOD'S LOVE IN OUR RELATION  | SHIPS          | S WITH      | HIM A         | AND (    | OTHER                                   |
| СНЕ           | RISTIANS.   |                |             |               |          |   |
|               |   |                |             |               |          |   |
|               |   |                |             |               |          |   |
|               |   |                |             |               |          | *************************************** |

### Schedule F (Form 990)

Department of the Treasury

Internal Revenue Service

### Statement of Activities Outside the United States

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

2008
Open to Public inspection

Name of the organization

**Employer identification number** 

FOCUS ON THE FAMILY 95-3188150

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the 2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States. 3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.) (e) If activity listed in (d) (a) Region (b) Number of (c) Number of (d) Activities conducted in region (f) Total offices employees or (by type) (i.e., fundraising, is a program service, expenditures in the region agents in program services, grants to describe specific type in region region recipients located in the region) of service(s) in region COUNSELING SERVICES & CENTRAL AMERICA AND SEMINARS, BROADCASTING ACTIVITIES THE CARIBBEAN PROGRAM SERVICES 718,392. CHARACTER TRAINING & EAST ASIA AND THE RADIO BROADCASTING PACIFIC PROGRAM SERVICES ACTIVITIES 738,451. CHARACTER TRAINING, WORLDVIEW SEMINARS MARRIAGE & PARENTING PROGRAMS, AND RADIO EUROPE PROGRAM SERVICES 180,000. CHARACTER TRAINING, WORLDVIEW SEMINARS PROGRAM SERVICES & TRANSLATION OF MIDDLE EAST AND NORTH AFRICA 0 FUNDRAISING MATERIALS AND 189,288. MARRIAGE & PARENTING 0 PROGRAM SERVICES PROGRAMS 142,378. NORTH AMERICA CHARACTER TRAINING AND WORLDVIEW SEMINARS SOUTH ASIA PROGRAM SERVICES 100,000. CHARACTER TRAINING, PROGRAM SERVICES & WORLDVIEW SEMINARS AND FUNDRAISING ACTIVITIES SUB-SAHARAN AFRICA FUNDRAISING 333,966.

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Schedule F (Form 990) 2008

SEE PART IV FOR COLUMN (E) DESCRIPTIONS

13150430 130102 7360053

Totals

2,402,475.

Page 2

| 95-3188150                 | Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any | ent received more than \$5,000  |   |
|----------------------------|--|---|---|
| FOCUS ON THE FAMILY        | istance to Organizations or Entities Outside the   | recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 | les Onboduls Ent (Enim 000) if additional enams is neoded |
| Schedule F (Form 990) 2008 | Part II Grants and Other Assistance to Organizations or I  | recipient who received  | les Ochadule II.1 (Fo.                                    |

| Use Schedule F.               | Use Schedule F-1 (Form 990) if additional space is needed | onal space is needed.  |   |                          |                                 |                                   |  | · )   |
|-------------------------------|---|--|---|--------------------------|---------------------------------|-----------------------------------|--|---|
| 1<br>(a) Name of organization | (b) IRS code section and EIN (if applicable)              | (c) Region   | (d) Purpose of grant  | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (I) Method of valuation (book, FMV, appraisal, other) |
|                               |   |  | COUNSELING SERVICES &   |                          |                                 |                                   |  |   |
|                               |   |  | SEMINARS,   |                          | ELECTRONIC                      |                                   |  |   |
|                               | <u></u>   | CENTRAL AMERICA  | BROADCASTING  |                          | FUND OR WIRE                    |                                   | SPANISH RADIO                          |   |
|                               | 7   | AND THE CARIBBEAN  | ACTIVITIES  | 458920.                  | TRANSFER                        | 259472.                           | 259472, PRODUCTION                     | PMV   |
|                               |   |  |   |                          |                                 |                                   |  |   |
|                               |   |  |   |                          | ELECTRONIC                      |                                   |  |   |
|                               | ш.  | EAST ASIA AND THE  |   |                          | FUND OR WIRE                    |                                   |  |   |
|                               | H.  | PACIFIC  | CHARACTER TRAINING  | 215325.                  | TRANSFER                        | 0.                                |  | FMV   |
|                               |   |  |   |                          |                                 |                                   |  |   |
|                               |   |  |   |                          | ELECTRONIC                      |                                   |  |   |
|                               | <u>н</u>  | EAST ASIA AND THE  |   |                          | FUND OR WIRE                    |                                   |  |   |
|                               |   | PACIFIC  | CHARACTER TRAINING  | 65,311.                  | TRANSFER                        | 0                                 |  | FMV   |
|                               |   |  |   |                          |                                 |                                   |  |   |
|                               |   |  |   | ~~~~                     | ELECTRONIC                      |                                   |  |   |
|                               | ш.  | EAST ASIA AND THE  |   |                          | FUND OR WIRE                    |                                   |  |   |
|                               | pd4   | PACIFIC  | CHARACTER TRAINING  | 254966.                  | TRANSFER                        | 0.                                |  | FMV   |
|                               |   |  |   |                          |                                 |                                   |  |   |
|                               |   |  | CHARACTER TRAINING &  |                          | ELECTRONIC                      |                                   |  |   |
|                               | 4   | EAST ASIA AND THE  | RADIO BROADCASTING  |                          | FUND OR WIRE                    |                                   |  |   |
|                               | II.   | PACIFIC  | ACTIVITIES  | 133100.                  | TRANSFER                        | 0.                                |  | FMV   |
|                               |   |  |   |                          | RI. RCTRONTC                    |                                   |  |   |
|                               | <u>H</u>  | EAST ASIA AND THE  |   |                          | FUND OR WIRE                    |                                   |  |   |
|                               |   | PACIFIC  | CHARACTER TRAINING  | 36,543.                  | TRANSFER                        | •                                 |  | FMV   |
|                               |   |  |   |                          |                                 |                                   |  |   |
|                               |   |  |   |                          | ELECTRONIC                      |                                   |  |   |
|                               | П.  | EAST ASIA AND THE  |   | of the statement         | FUND OR WIRE                    |                                   |  |   |
|                               | HI  | PACIFIC  | CHARACTER TRAINING  | 33,206.                  | TRANSFER                        | 0.                                |  | FMV   |
|                               |   |  | CHARACTER TRAINING  |                          | ELECTRONIC                      |                                   |  |   |
|                               |   |  | AND MARRIAGE &  |                          | FUND OR WIRE                    |                                   |  |   |
|                               | <u> </u>  | EUROPE   | PARENTING PROGRAMS  | 20,000.                  | 20,000.TRANSFER                 | 0                                 |  | FMV   |
| 2 Enter total number of       | organizations that are                                    | Enter total number of organizations that are recognized as charities by th | s by the foreign country or for which the grantee or counsel has provided a | which the grante         | e or counsel has pro            | wided a                           |  | r.  |

section 501(c)(3) equivalency letter Enter total number of other organizations or entities

Schedule F (Form 990) 2008

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က

95-3188150

FOCUS ON THE FAMILY

Schedule F (Form 990) 2008

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.

Use Schedule F-1 (Form 990) if additional space is needed.

Schedule F (Form 990) 2008 (h) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (c) Number of (d) Amount of recipients cash grant (b) Region (a) Type of grant or assistance

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| THE FAMILY   95-3188150 |  |
|-------------------------|--|
| THE FAMILY              |  |
| THE                     |  |
| 8                       |  |
| 08 FOCUS                |  |
| (Form 990) 2008         |  |

| Page 2                       |   | (i) Method of valuation (book, FMV; appraisal, other) |                     |                     |   | FMV                 |  |                    |                | FMV                |                     |                     |                      | FMV                 |                       |                 | FMV             |            |                      | FMV           |   | *************************************** | ************* | FMV        |                     |                       |              | FMV                                     | *************************************** | Schedule F-1 (Form 990) 2008 |
|------------------------------|---|---|---------------------|---------------------|---|---------------------|--|--------------------|----------------|--------------------|---------------------|---------------------|----------------------|---------------------|-----------------------|-----------------|-----------------|------------|----------------------|---------------|---|---|---------------|------------|---------------------|-----------------------|--------------|---|---|------------------------------|
|                              |   | (h) Description of non-cash assistance                |                     |                     |   |                     |  |                    |                |                    |                     |                     |                      |                     |                       |                 |                 |            |                      |               |   |   |               |            |                     |                       |              | *************************************** | **************************************  | Schedu                       |
| 88150                        |   | (g) Amount of non-cash assistance                     |                     |                     | *************************************** | 0.                  | ······································ |                    |                | .0                 |                     |                     |                      | 0                   |                       |                 | 0               |            |                      | 0.            |   |   |               | .0         |                     |                       |              | 0                                       |   |                              |
| 95-3188150                   | 990), Part II)  | (f) Manner of cash disbursement                       |                     | ELECTRONIC          | FUND OR WIRE                            | 000.TRANSFER        |  | ELECTRONIC         | FUND OR WIRE   | TRANSFER           |                     | ELECTRONIC          | FUND OR WIRE         | TRANSFER            | <br>ELECTRONIC        | FUND OR WIRE    | 189288 TRANSFER | ELECTRONIC | FUND OR WIRE         | TRANSFER      |   | ELECTRONIC                              | FUND OR WIRE  | TRANSFER   |                     | BLECTRONIC            | FUND OR WIRE | TRANSFER                                |   |                              |
|                              | chedule F (Form   | (e) Amount<br>of cash grant                           |                     |                     |   | .000,26             |  |                    |                | 15,000.            |                     |                     |                      | 50,000.             |                       |                 | 189288,         |            |                      | 142378.       |   |   |               | 100000.    |                     |                       |              | 333966.                                 |   |                              |
| ΓΥ                           | Continuation of Grants and Other Assistance or Entities Outside the United States. (Schedule F (Form 990), Part II) | (d) Purpose of grant                                  | CHARACTER TRAINING, | WORLDVIEW SEMINARS, | MARRIAGE & PARENTING                    | PROGRAMS, AND RADIO |  | CHARACTER TRAINING | AND MARRIAGE & | PARENTING PROGRAMS | CHARACTER TRAINING, | WORLDVIEW SEMINARS, | MARRIAGE & PARENTING | PROGRAMS, AND RADIO | WORLDVIEW SEMINARS, & | TRANSLATION OF  | MATERIALS       |            | MARRIAGE & PARENTING | PROGRAMS      |   | CHARACTER TRAINING                      | AND WORLDVIEW | SEMINARS   | CHARACTER TRAINING, | WORLDVIEW SEMINARS, & | FUNDRAISING  | ACTIVITIES                              | *****                                   |                              |
| ON THE FAMILY                | Assistance or Entities  | (c) Region  |                     |                     |   | EUROPE              |  |                    |                | EUROPE             |                     |                     |                      | EUROPE              |                       | MIDDLE EAST AND | NORTH AFRICA    |            |                      | NORTH AMERICA | - |   |               | SOUTH ASIA |                     |                       | SUB-SAHARAN  | AFRICA                                  |   |                              |
| 108 FOCUS                    | f Grants and Other  | (b) IRS code section and EIN (if applicable)          |                     |                     |   |                     |  |                    |                |                    |                     |                     |                      |                     |                       | Pol             |                 |            |                      |               |   |   |               |            |                     |                       |              |   |   |                              |
| Schedule F-1 (Form 990) 2008 | Part II Continuation o  | 1<br>(a) Name of organization                         |                     |                     |   |                     |  |                    |                |                    |                     |                     |                      |                     |                       |                 |                 |            |                      |               |   |   |               |            |                     |                       |              |   |   |                              |

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

**Supplemental Information Regarding Fundraising or Gaming Activities** 

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Department of the Treasury Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a. Internal Revenue Service

OMB No. 1545-0047

Inspection

Name of the organization

Employer identification number 95-3188150 FOCUS ON THE FAMILY Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Indicate whether the organization raised funds through any of the following activities. Check all that apply. e X Solicitation of non-government grants X Mail solicitations Solicitation of government grants Email solicitations X Phone solicitations g X Special fundraising events X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or X Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table. (v) Amount paid (iii) Did (vi) Amount paid (iv) Gross receipts (i) Name of individual to (or retained by) fundraiser have custody or control of contributions? (ii) Activity to (or retained by) from activity or entity (fundraiser) fundraiser organization listed in col. (i) FUNDRAISING Yes 0. 927,716 **MASTERWORKS** CONSULTING AND SER 927,716. 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing. AK, AZ, CO, DC, FL, GA, MD, MN, NH, TN, VA, WV, WA, WI, AL, AR, CA, CT, DE, HI, ID, IL, IN, IA, KS KY, LA, ME, MA, MI, MS, MO, MT, NE, NV, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TX

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Schedule G (Form 990 or 990-EZ) 2008

| 100.000         |         | on Form 990-EZ, line 6a. List events with   | gross receipts greater th  | nan \$5,000.<br>(b) Event #2                  | (c) Other Events   | (d) Total Events                                 |
|-----------------|---------|---|--|---|--------------------|--|
|                 |         |   |  |   |                    | (Add col. (a) through                            |
| ile             |         |   | (event type)   | (event type)                                  | (total number)     | col. (c))  |
| Revenue         | 1       | Gross receipts  |  |   |                    |  |
|                 | 2       | Less: Charitable contributions  |  |   |                    |  |
|                 | 3       | Gross revenue (line 1 minus line 2)   |  |   |                    |  |
|                 | 4       | Cash prizes   |  |   |                    |  |
| ses             | 5       | Non-cash prizes   |  |   |                    |  |
| Direct Expenses | 6       | Rent/facility costs   |  |   |                    |  |
| Οire            | 7       | Other direct expenses   |  |   |                    |  |
|                 | 8       | Direct expense summary. Add lines 4 through   | 7 in column (d)  |   |                    |  |
| Pa              | 9<br>H1 | Net income summary. Combine lines 3 and 8  Gaming. Complete if the organization a               | in column (d)answered "Yes" to Form  | 1990, Part IV, line 19, or i                  | reported more than |  |
|                 |         | \$15,000 on Form 990-EZ, line 6a.   | generalism with a constraint and a const |   |                    |  |
| Revenue         |         |   | (a) Bingo  | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming   | (d) Total gaming (Add col. (a) through col. (c)) |
| Reve            | 1       | Grace revenue   |  |   |                    |  |
|                 |         | Gross revenue   |  |   |                    |  |
| ses             | 2       | Cash prizes   |  |   |                    |  |
| Direct Expenses | 3       | Non-cash prizes   |  |   |                    |  |
| Direc           | 4       | Rent/facility costs   |  |   |                    |  |
|                 | 5       | Other direct expenses   |  |   |                    |  |
|                 | 6       | Volunteer labor   | Yes %  | Yes %   %                                     | Yes %<br>No        |  |
|                 | 7       | Direct expense summary. Add lines 2 through   | n 5 in column (d)  |   | <b>&gt;</b>        | (  |
|                 | 8       | Net gaming income summary. Combine lines  | 1 and 7 in column (d)  |   | <u> </u>           |  |
| 9               | Ent     | ter the state(s) in which the organization opera  | tes gaming activities:   |   |                    | Yes No   |
| а               | ls t    | he organization licensed to operate gaming ac   |  | states?                                       |                    | 9a   |
| b               | lf "    | No," Explain:   |  |   |                    |  |
| 100             | \\/.    | are easy of the expenientian's coming licenses re   | walend augmonded or to   | erminated during the toy                      | uonr?              | 10a  |
|                 |         | ere any of the organization's gaming licenses re<br>Yes," Explain:                              | svoked, suspended on te  | animated during the tax                       | year:              | 100  |
|                 | ,       |   |  |   |                    |  |
| 11<br>12        |         | es the organization operate gaming activities whe organization a grantor, beneficiary or truste |  | of a partnership or othe                      |                    | 11   |
|                 | adı     | minister charitable gaming?   |  |   |                    | 12   |

a is the organization required under state law to make charitable distributions from the gaming proceeds to

organization's own exempt activities during the tax year > \$

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the

retain the state gaming license?

Schedule G (Form 990 or 990-EZ) 2008

17a

17 Mandatory distributions:

| SCHEDULE I   |  | · ·   |   |                                   |   |  | OMB No. 1545-0047  | *************************************** |
|--|--|---|---|-----------------------------------|---|--|--|---|
| (Form 990)   |  | Governm   | Governments, and Individuals in the U.S       | tals in the U.S.                  |   |  | 2008   |   |
| Department of the Treasury Internal Revenue Service  | ▲ Comb   | Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. ▶ Attach to Form 990.  | n answered "Yes," on F  ▼ Attach to Form 990. | on Form 990, P. 1990.             | art IV, lines 21 or 22.                               |  | Open to Public Inspection  |   |
| Name of the organization FOCUS ON  | FOCUS ON THE FAMILY  | 7.  |   |                                   |   |  | Employer identification number 95–3188150  | o er                                    |
| Part : General Information on Grants and Assistance  | and Assistance   |   |   |                                   |   |  |  | 1                                       |
| 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection   | to substantiate the  | e amount of the grants  | or assistance, the                            | grantees' eligibilit              | y for the grants or ass                               | istance, and the select  |  |   |
| criteria used to award the grants or assistance?   | istance?   | ***************************************   |   |                                   |   |  | X Yes  | <u>0</u>                                |
| 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.  | rocedures for moni   | toring the use of grant   | funds in the United                           | States.                           |   |  |  |   |
| @art## Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any   | Governments and  | d Organizations in the  | United States. Co                             | omplete if the org                | anization answered "Y                                 | 'es" on Form 990, Part   | IV, line 21, for any   | ſ                                       |
| recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed  | \$5,000. Check this  | s box if no one recipien  | t received more tha                           | an \$5,000. Use Pa                | art IV and Schedule I-                                | (Form 990) if addition   | al space is needed   |   |
| 1 (a) Name and address of organization or government   | (p)  | (c) IRC section<br>if applicable  | (d) Amount of cash grant                      | (e) Amount of non-cash assistance | (f) Method of valuation (book, EMV, appraisal, other) | (g) Description of<br>non-cash assistance  | (h) Purpose of grant<br>or assistance  |   |
| COLORADO FAMILY INSTITUTE  |  |   |   |                                   |   |  |  |   |
| P.O. BOX 588   |  |   |   |                                   |   |  | VOTER AND LEGISLATIVE  |   |
| CASTLE ROCK, CO 80104  | 20~5723514   | 501(C)(3)   | 60,968.                                       | 0                                 | 0 BOOK  | ***************************************  | ASSISTANCE.  |   |
| EXODUS INTERNATIONAL NORTH AMERICA, INC P.O. BOX 540119 - ORLANDO FY, 32854  | 52-1413470   | 501(C)(3)   | 000 05  | Ö                                 | BOOK  |  | FUNDS TO ASSIST ONGOING<br>EFFORTS,  | rh                                      |
| 1 2  | And the state of t |   |   |                                   |   |  |  |   |
| 655 ST. FERDINAND ST   |  |   |   | •                                 |   |  | ASSISTANCE WITH VOTER  |   |
| BATON ROUGE, LA 70802  | 72-1416555   | 501(C)(3)   | 66,455.                                       | 0.                                | воок  |  | GUIDE.   |   |
| MILY<br>L' L'N   |  |   |   | •                                 |   |  | ASSISTANCE WITH VOTER  |   |
| MINNEAPOLIS, MN 55418  | 41-1439560   | 5U1(C)(3)   | • 010, 44                                     | >                                 | BOOK  | and the second state of th | SOLUE.   |   |
| NORTH CAROLINA FPC   |  |   |   |                                   |   |  |  |   |
| P.O. BOX 20607   | 77.77  | 501(0)(3)   | c   | 8 442                             | 8 442 PURCHASE PRICE                                  | WEBSITE<br>DEVELOPMENT   | ASSIST WITH WEBSITE<br>DEVELOPMENT.  |   |
| THE TABLE OF THE T |  |   |   |                                   |   | and the same of th | A THE RESIDENCE OF THE PROPERTY OF THE PROPERT |   |
| PROTECTMARKIAGE, COM<br>P.O. BOX 20012   | ******************************   | Annahara Andras |   |                                   |   |  | ASSIST WITH MARRIAGE   |   |
| RIVERSIDE, CA 92516  | 16-1667731   | 501(c)(3)   | 100,000.                                      | 0                                 | BOOK  |  | AMENDMENT EFFORT.  |   |
| 2 Enter total number of section 501(c)(3) and government organizations   | and government o   | rganizations  | 1       |                                   |   |  | <b>A</b>   | 50.                                     |
|  | ns   |   |   |                                   |   |  | <b>A</b>   | ી                                       |
| ہ ا  | nction Act Notice  |   | ructions for Form 990.                        |                                   |   |  | Schedule   (Form 990) 2008   | 800                                     |

Page 2

Name of the organization

# ▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990). Continuation Sheet for Schedule I (Form 990)

Open to Public Inspection OMB No. 1545-0047 2008

FOCUS ON THE FAMILY

Employer identification number 95-3188150

| Part 11. Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)          | Assistance to Go | vernments and Organ                      | nizations in the U.      | S. (Schedule I (Fo                      | rm 990), Part II.)                                    |  |  |
|--|------------------|--|--------------------------|---|---|--|--|
| (a) Name and address of organization or government   | ( <b>p)</b> EIN  | (c) IRC Code<br>section<br>if applicable | (d) Amount of cash grant | (e) Amount of<br>non-cash<br>assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance   |
| SOUTH DAKOTA FAMILY POLICY COUNCIL P.O. BOX 88007 SIOUX FALLS, SD 57109  | 46-0408040       | 501(C)(3)                                | 13,000.                  | • 0                                     | ВООК  |  | FPC DEVELOPMENT FUNDS FOR TRAINING AND CONSULTING SERVICES.                        |
| STANDFORMARRIAGEMAINE.COM<br>P.O. BOX 15322<br>PORTLAND, ME 04112  | 27-0267465       | 501(C)(3)                                | 31,000.                  | 0.                                      | BOOK  |  | SUPPORT FOR THE REPEAL OF SAME-SEX MARRIAGE,                                       |
| KOR MINISTRIES<br>445 C E CHEYENNE MOUNTAIN<br>COLORADO SPRINGS, CO 80906  | 74-3152056       | 501(C)(3)                                | .0                       | 210,452.                                | воок  | NEWSLETTER                             | NEWSLETTER PROMOTING KOR<br>MINISTRIES AND EXPLAINING<br>THEIR CHARITABLE PURPOSE. |
| ALPHA PREGNANCY RESOURCE CENTER 138 S ORCHARD AVENUE VACAVILLE, CA 95688   | 68-0114145       | 501(C)(3)                                | 32,200.                  | 0                                       | ВООК  |  | ULTRASOUND TRAINING  |
| LEE WOMEN'S CENTER<br>13571-24 MCGREGOR BLVD<br>FT MYERS, FL 33919   | 65-0339338       | 501(C)(3)                                | 9,300.                   | 0.                                      | воок  |  | ULTRASOUND TRAINING  |
| LIFELINE CRISIS PREGNANCY CENTER<br>1447 W. GRAND AVE.<br>GROVER BEACH, CA 93433   | 77-0398749       | 501(C)(3)                                | .008,6                   | 0                                       | воок  |  | ULTRASOUND TRAINING  |
| PREGNANCY CLINIC SEVERNA PARK<br>650 RITCHIE HIGHWAY, #307<br>SEVERNA PARK, MD 21146   | 52-1436787       | 501(C)(3)                                | 0                        | 43,344.                                 | PURCHASE PRICE  | ULTRASOUND<br>MACHINE                  | TO PROVIDE ULTRASOUND<br>MACHINE FOR PREGNANCY<br>MEDICAL CARE                     |
| PREGNANCY RESOURCES OF MISSISSIPPI<br>3001 LADNIER ROAD  |                  | , c                                      | <                        | , , , , , , , , , , , , , , , , , , ,   |   | ULTRASOUND                             | TO PROVIDE ULTRASOUND MACHINE FOR PREGNANCY  |
| 51   | T586251-10       | bu1(C)(3)                                |                          | 14,400.                                 | 14,400.PURCHASE PRICE                                 | MACHINE                                | MEDICAL CARE   |
| <ol> <li>Enter total number of Section 501 (c)(3) and government organizations</li> <li>Enter total number of other organizations</li> </ol> | nd government or | ganizations                              |                          |   |   |  | <b>A</b>   |

Name of the organization

Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990). Continuation Sheet for Schedule I (Form 990)

Open to Public 2008

OMB No. 1545-0047

Employer identification number 95-3188150

TO PROVIDE ULTRASOUND MACHINE FOR PREGNANCY TO PROVIDE ULTRASOUND MACHINE FOR PREGNANCY MACHINE FOR PREGNANCY MACHINE FOR PREGNANCY TO PROVIDE ULTRASOUND MACHINE FOR PREGNANCY TO PROVIDE ULTRASOUND TO PROVIDE ULTRASOUND MACHINE FOR PREGNANCY TO PROVIDE ULTRASOUND (h) Purpose of grant or assistance ULTRASOUND TRAINING ULTRASOUND TRAINING MEDICAL CARE MEDICAL CARE MEDICAL CARE MEDICAL CARE MEDICAL CARE MEDICAL CARE (g) Description of non-cash assistance TERASOUND **ILTRASOUND** TLTRASOUND JLTRASOUND IL TRASOUND ILTRASOUND MACHINE MACHINE MACHINE MACHINE MACHINE MACHINE (f) Method of valuation (book, FMV, appraisal, other) 17,588, PURCHASE PRICE 14,400.PURCHASE PRICE 21,600 PURCHASE PRICE 43,200.PURCHASE PRICE 600 PURCHASE PRICE 400 PURCHASE PRICE Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule | (Form 990), Part II.) BOOK O.BOOK (e) Amount of non-cash assistance 4 21 0 o. 0 ٥, o. 0 300. (d) Amount of cash grant 14,900 (c) IRC Code section if applicable 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) THE FAMILY 20-8155890 38-2658986 57-0897976 31-1743727 56-1714612 38-3580489 56-1714612 73-1346184 (P) EIN NO MEDICAL CLINICS - 380 W 49TH ST CARE NET PREGNANCY INFORMATION FOCUS CENTER - 825 CHICKASHA AVENUE HEARTBEAT OF MIAMI PREG HELP PREGNANCY TESTING & GUIDANCE CENTER - 2826 COOLIDGE HWY -(a) Name and address of organization or government FOOTHILLS PREGNANCY CENTER PREGNANCY SERVICE CENTER EPIC CENTER OF NEW BERN EPIC CENTER OF KINSTON 507 POLLOCK ST, STE 1 CARE NET OF CADILLAC 1449 BLUE RIDGE BLVD CHICKASHA, OK 73018 NEW BERN, NC 28563 CADILLAC, MI 49601 MI 48072 FL 33012 KINSTON, NC 28501 SALINA, KS 67401 SENECA, SC 29679 419 N LAKE ST 104 W ELM ST 106 W GORDON BERKLEY HIALEAH, Parti

<sup>2</sup> Enter total number of Section 501(c)(3) and government organizations Enter total number of other organizations

Name of the organization

FOCUS ON THE FAMILY

▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990). Continuation Sheet for Schedule I (Form 990)

Open to Public Inspection OMB No. 1545-0047 2008

Employer identification number 95-3188150

| - 1   | T T T T T T T T T T T T T T T T T T T  |  |                          |                                   | ***************************************               |  | 0,0100100  |
|---|--|--|--------------------------|-----------------------------------|---|--|--|
| Part   Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule   (Form 990), Part  I.) | Assistance to Go   | overnments and Organ                     | nizations in the U.      | Schedule I (For                   | rm 990), Part II.)                                    |  |  |
| (a) Name and address of organization or government  | (b) EIN  | (c) IRC Code<br>section<br>if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance                          |
| CARE NET PREGNANCY CENTER OF OWENSBORO, KY - 922 TRIPLETT ST, #107 - OWENSBORO, KY 42303  | 20-0736119   | 501(0)(3)                                | 0                        | 21,600.                           | PURCHASE PRICE  | ULTRASOUND<br>MACHINE                  | TO PROVIDE ULTRASOUND<br>WACHINE FOR PREGNANCY<br>MEDICAL CARE |
| LAKESHORE PREGNANCY CENTER 339 RIVER AVE HOLLAND, MI 49423  | 38-3046882   | 501(C)(3)                                | 0.                       | 21,600,                           | 600. PURCHASE PRICE                                   | ULTRASOUND<br>MACHINE                  | TO PROVIDE ULTRASOUND<br>MACHINE FOR PREGNANCY<br>MEDICAL CARE |
| PREGNANCY RESOURCE CENTER OF CLARK COUNTY - 2612 ELMORE DRIVE - SPRINGFIELD, OH 45505   | 31-1199270   | 501(C)(3)                                | *0                       | 22,344.                           | 22,344.PURCHASE PRICE                                 | ULTRASOUND<br>MACHINE                  | TO PROVIDE ULTRASOUND<br>MACHINE FOR PREGNANCY<br>MEDICAL CARE |
| CROSSROADS: AN OPEN DOOR FOR LIFE<br>CHOICES, INC 3777 E COLLEGE<br>AVE, STE B - GUTHRIE, OK 73044                                | 73-1384866   | 501(C)(3)                                | 0.                       | 26,576.                           | 576. PURCHASE PRICE                                   | ULTRASOUND<br>MACHINE                  | TO PROVIDE ULTRASOUND<br>MACHINE FOR PREGNANCY<br>MEDICAL CARE |
| KIMBERLY HOME PREGNANCY RESOURCE<br>CENTER - 1189 NE CLEVELAND ST -<br>CLEARWATER, FL 33755                                       | 59-2077208   | 501(C)(3)                                | 12,950.                  | .0                                | воок  |  | ULTRASOUND TRAINING  |
| SALEM PREGNANCY RESOURCE CENTER<br>2630 MARKET ST NE<br>SALEM, OR 97304   | 94-3076587   | 501(C)(3)                                | .008,8                   | 0                                 | воок  |  | ULTRASOUND TRAINING  |
| CARE NET PREGNANCY CENTER OF<br>CENTRAL TEXAS - 1818 COLUMBUS AVE<br>- WACO, TX 76701   | 74-2345781   | 501(¢)(3)                                | 14,900.                  | 0                                 | ВООК  |  | ULTRASOUND TRAINING  |
| CY ALTERNATIVES CEN<br>INE<br>OR 97355  | 93-1011604   | 501(0)(3)                                | .00                      | 26,000.                           | 26,000.PURCHASE PRICE                                 | ULTRASOUND<br>MACHINE                  | TO PROVIDE ULTRASOUND<br>MACHINE FOR PREGNANCY<br>MEDICAL CARE |
|   | The state of the s |  |                          |                                   |   |  | Á  |

<sup>2</sup> Enter total number of Section 501(c)(3) and government organizations ▶ 3 Enter total number of other organizations
832241 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions Por Form 990.

Name of the organization

Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990). Continuation Sheet for Schedule I (Form 990)

Open to Public Inspection

OMB No. 1545-0047 2008

FOCUS ON THE FAMILY

Employer identification number 95-3188150

| Part! Continuation of Grants and Other Assistance to Governments a                 | Assistance to Go | vernments and Orgar                      | nd Organizations in the U.S. (Schedule I (Form 990), Part II.) | S. (Schedule I (For               | m 990), Part II.)                                    |  |  |
|--|------------------|--|--|-----------------------------------|--|--|--|
| (a) Name and address of organization or government                                 | ( <b>p)</b> EIN  | (c) IRC Code<br>section<br>if applicable | (d) Amount of cash grant                                       | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisa, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance                          |
| FIRST CHOICES PREGNANCY CENTER<br>860 E SAHARA AVE<br>LAS VEGAS, NV 89104          | 16-1706155       | 501(C)(3)                                | 0.   | 13,000.                           | PURCHASE PRICE                                       | ULTRASOUND<br>RQUIPMENT                | TO PROVIDE ULTRASOUND<br>MACHINE FOR PREGNANCY<br>MEDICAL CARE |
| MOSAIC PREGNANCY & HEALTH CENTERS 2019 JOHNSON ROAD GRANITE CITY, IL 62040         | 37-1218460       | 501(¢)(3)                                | 0  | 22,344.                           | PURCHASE PRICE                                       | ULTRASOUND<br>MACHINE                  | TO PROVIDE ULTRASOUND<br>MACHINE FOR PREGNANCY<br>MEDICAL CARE |
| LABOR OF LOVE PREGNANCY RESOURCE<br>CENTER - 204 CHURCH AVE - OSHKOSH,<br>WI 54901 | 39-1783119       | 501(¢)(3)                                | .905,900   | Ô                                 | ВООК   |  | ULTRASOUND TRAINING  |
| ABC WOMEN'S CLINIC<br>P.O. BOX 1927<br>DUBLIN, GA 31021                            | 58-2025478       | 501(C)(3)                                | 14,900.  | 0                                 | ВООК   |  | ULTRASOUND TRAINING  |
| THE WOMEN'S CENTER OF NW INDIANA<br>1845 E. SUMMIT ST<br>CROWN POINT, IN 46307     | 35-1772637       | 501(C)(3)                                | 0  | 26,576,                           | PURCHASE PRICE                                       | ULTRASOUND<br>MACHINE                  | TO PROVIDE ULTRASOUND<br>MACHINE FOR PREGNANCY<br>MEDICAL CARE |
|  | 33-0782841       | 501(C)(3)                                | 14,900.  | 0                                 | ВООК   |  | ULTRASOUND TRAINING  |
| SANCTITY OF LIFE MINISTRIES<br>10875 MAIN ST, STE 109<br>FAIRFAX, VA 22030         | 54-1377782       | 501(C)(3)                                | ,005,8   | 0                                 | БООК   |  | ULTRASOUND TRAINING  |
| CLARITYSOLUTIONS FOR WOMEN 116 E MEMORIAL DR ELIZABETHTOWN, KY 42701               | 61-1384944       | S01(C)(3)                                | .0   | .000,02                           | 20,000.PURCHASE PRICE                                | ULTRASOUND<br>WACHINE                  | TO PROVIDE ULTRASOUND<br>MACHINE FOR PREGNANCY<br>MEDICAL CARE |
| 9 Enter total number of Section 501(a)(3) an                                       | of comproved or  | 0001404                                  |  |                                   |  |  | <i>A</i>   |

<sup>3</sup> Enter total number of other organizations sazz41 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions 90. 2 Enter total number of Section 501(c)(3) and government organizations

Name of the organization

Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990). Continuation Sheet for Schedule I (Form 990)

Open to Public Inspection

OMB No. 1545-0047 2008

FOCUS ON THE FAMILY

Employer identification number 95-3188150

| Part (Sontinuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule   (Form 990), Part II.) | Assistance to Go | vernments and Orga                       | nizations in the U.                     | Schedule   (Fo                          | rm 990), Part II.)                                    |   |  |
|--|------------------|--|---|---|---|---|--|
| (a) Name and address of organization or government   | (a)              | (c) IRC Code<br>section<br>if applicable | (d) Amount of<br>cash grant             | (e) Amount of<br>non-cash<br>assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance  | (h) Purpose of grant<br>or assistance                          |
| AAA WOMEN'S SERVICES<br>6232 VANCE ROAD<br>CHATTANOOGA, TN 37421   | 58-1713618       | 501(C)(3)                                | 14,900.                                 | Ö                                       | ВООК  |   | ULTRASOUND TRAINING  |
| COMMUNITY PREGNANCY CLINIC OF SIMI<br>VALLEY/MOOREPARK - 6951 COLLINS<br>DR, STE E-8 - MOORPARK, CA 91320                        | 77-0272984       | 501(C)(3)                                | •0                                      | 32,618.                                 | PURCHASE PRICE  | ULTRASOUND<br>MACHINE                   | TO PROVIDE ULTRASOUND<br>MACHINE FOR PREGNANCY<br>MEDICAL CARE |
| MIDCITIES PREGNANCY CENTER<br>8251 BEDFORD EULESS RD, STE 220<br>NORTH RICHLAND HILLS, TX 76180                                  | 75-2770452       | 501(C)(3)                                | .0                                      | 26,576.                                 | PURCHASE PRICE  | ULTRASOUND<br>MACHINE                   | TO PROVIDE ULTRASOUND<br>MACHINE FOR PREGNANCY<br>MEDICAL CARE |
| ALIGHT PREGNANCY CENTER 192 FAIRVIEW AVE HUDSON, NY 12534  | 14-1742767       | 501(C)(3)                                | .008,8                                  | 0                                       | вож   |   | ULTRASOUND TRAINING  |
| A WOMEN'S ANSWER MEDICAL CENTER<br>3601 SW 2ND AVE<br>GAINESVILLE, PL 32606  | 20-1521374       | 501(C)(3)                                | .008.6                                  | 0                                       | ВООК  |   | ULTRASOUND TRAINING  |
| PARKGATE PREGNANCY CLINIC<br>100 PARKGATE DR, STE 1-AC<br>TUPELO, MS 38801   | 64-0678049       | 501(C)(3)                                | 0                                       | 20 788.                                 | PURCHASE PRICE  | ULTRASOUND<br>MACHINE                   | TO PROVIDE ULTRASOUND<br>MACHINE FOR PREGNANCY<br>MEDICAL CARE |
|  | 74-2368863       | 501(C)(3)                                | 0.0                                     | 16,165.                                 | PURCHASE PRICE  | ULTRASOUND<br>MACHINE                   | TO PROVIDE ULTRASOUND<br>MACHINE FOR PREGNANCY<br>MEDICAL CARE |
| WESTSIDE PREGNANCY CLINIC<br>3756 SANTA ROSITA DR, STE C20<br>LOS ANGELES, CA 90008  | 95-4806856       | 501(C)(3)                                | Ö                                       | 41,842.                                 | 41,842,PURCHASE PRICE                                 | ULTRASOUND<br>MACHINE                   | TO PROVIDE ULTRASOUND<br>MACHINE FOR PREGNANCY<br>MEDICAL CARE |
| ,  |                  |  | *************************************** |   |   | *************************************** |  |

<sup>2</sup> Enter total number of Section 501(c)(3) and government organizations

Name of the organization

FOCUS ON THE FAMILY

▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990). Continuation Sheet for Schedule I (Form 990)

Open to Public Inspection OMB No. 1545-0047 2008

Employer identification number 95-3188150

| Ration Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule   (Form 99U), Part II.) | Assistance to G  | vernments and Orga                 | nizations in the U.      | Schedule I (Fo                          | rm 990), Fart II.)  |   |  |
|---|------------------|------------------------------------|--------------------------|---|---|---|--|
| (a) Name and address of organization or government  | (b) EIN          | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance       | (f) Method of valuation (book, FMV, appraisal, other)                             | (g) Description of non-cash assistance  | (h) Purpose of grant or assistance   |
| PREGNANCY RESOURCE CLINIC, INC.<br>1502 N 36TH ST<br>ST. JOSEPH, NO 64506   | 20-4729330       | 501(C)(3)                          | 0                        | 20,788.                                 | 788. PURCHASE PRICE   | ULTRASOUND<br>MACHINE                   | TO PROVIDE ULTRASOUND<br>MACHINE FOR PREGNANCY<br>MEDICAL CARE   |
| CENTER FOR MILITARY READINESS<br>P.O. BOX 51600<br>LIVONIA, MI 48151  | 38-3043093       | 501(C)(3)                          | 12,000.                  | 0                                       | ВООК  | 7                                       | FUNDS TO ASSIST IN<br>ONGOING EFFORTS  |
| YOUTH TRANSITION NETWORK INC<br>4757 E GREENWAY RD, STE 107B-PMB212<br>PHOENIX, AZ 85032  | 55-0865051       | 501(C)(3)                          | 20,000.                  | • 0                                     | воок  |   | MINISTRY<br>ASSISTANCE/PARTNERSHIP   |
| CATHOLIC CHARITIES OF COLORADO<br>SPRINGS - 228 N CASCADE AVE -<br>COLORADO SPRINGS, CO 80903                                     | 84-0586169       | 501(C)(3)                          | 24,000.                  | • 0                                     | ВООК  |   | FUNDS TO BUILD SOUP<br>KITCHEN & DINING HALL   |
|   |                  |                                    |                          |   |   |   |  |
|   |                  |                                    |                          |   |   |   | TO COMPANY AND ADDRESS OF THE ADDRES |
|   |                  |                                    |                          |   |   |   |  |
|   |                  |                                    |                          |   |   |   |  |
| 2 Enter total number of Section 501 (c)(3) and government organizations   | od agvernment or | 1                                  |                          | *************************************** | Arministration to the first that the first terms are a second to the first terms. |   | A  |
|   |                  | galitzations                       |                          |   |   | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |  |

<sup>3</sup> Enter total number of other organizations

# **Compensation Information**

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

FOCUS ON THE FAMILY

Employer identification number 95-3188150

| Pa                                      | rt I Questions Regarding Compensation   |                  |        | •    |
|---|---|------------------|--------|------|
| *************************************** |   |                  | Yes    | No   |
| 1a                                      | Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,    |                  |        |      |
|   | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.                |                  |        |      |
|   | X First-class or charter travel Housing allowance or residence for personal us  | ;e               |        |      |
|   | Travel for companions Payments for business use of personal residen   | ce               |        |      |
|   | X Tax indemnification and gross-up payments Health or social club dues or initiation fees                                 |                  |        |      |
|   | Discretionary spending account  X Personal services (e.g., maid, chauffeur, chef)   |                  |        |      |
|   |   |                  |        |      |
| b                                       | If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision       |                  |        |      |
|   | of all of the expenses described above? If "No," complete Part III to explain   | 1b               | Х      |      |
| 2                                       | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors |                  |        |      |
|   | trustees, and the CEO/Executive Director, regarding the items checked in line 1a?   |                  | X      |      |
|   |   |                  |        |      |
| 3                                       | Indicate which, if any, of the following the organization uses to establish the compensation of the organization's        |                  |        |      |
|   | CEO/Executive Director. Check all that apply.   |                  |        |      |
|   | X Compensation committee Written employment contract  |                  |        |      |
|   | Independent compensation consultant  X Compensation survey or study   |                  |        |      |
|   | X Form 990 of other organizations X Approval by the board or compensation comm  | ittee            |        |      |
|   | ·   |                  |        |      |
|   |   |                  |        |      |
| 4                                       | During the year, did any person listed in Form 990, Part VII, Section A, line 1a:   |                  |        |      |
| а                                       | Receive a severance payment or change of control payment?   | 4a               |        | X    |
| b                                       |   |                  |        | X    |
| c                                       | Participate in, or receive payment from, an equity-based compensation arrangement?  |                  |        | X    |
|   | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.             |                  |        |      |
|   |   |                  |        |      |
|   | Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.   |                  |        |      |
| 5                                       | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation         |                  |        |      |
|   | contingent on the revenues of:  |                  |        |      |
| а                                       | The organization?   | 5a               |        | X    |
| b                                       | Any related organization?   | 5b               |        | X    |
|   | If "Yes," to line 5a or 5b, describe in Part III.   |                  |        |      |
| 6                                       | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation         |                  |        |      |
|   | contingent on the net earnings of:  |                  |        |      |
| а                                       | The organization?   | 6a               | X      |      |
| b                                       | Any related organization?   | 6b               |        | X    |
|   | If "Yes" to line 6a or 6b, describe in Part III.  |                  |        |      |
| 7                                       | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments         |                  |        |      |
|   | not described in lines 5 and 6? If "Yes," describe in Part III  | 7                |        | X    |
| 8                                       | Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the           |                  |        |      |
|   | initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III                     | 8                |        | X    |
| LHA                                     |   | Schedule J (Form | n 990) | 2008 |

Partill Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

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

Note. The sum of columns (B)(I)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

|   |      | (B) Breakdown of \       | (B) Breakdown of W-2 and/or 1099-MISC compensation | SC compensation             | 0            | (a)                    | (E)  | Œ  |
|---|------|--------------------------|--|-----------------------------|--------------|------------------------|--|--|
| (A) Name                                |      | (i) Base<br>compensation | (ii) Bonus & incentive compensation                | (iii) Other<br>compensation | compensation | Nontaxable<br>benefits | (B)(0-(D)  | reported in prior<br>Form 990 or<br>Form 990-EZ  |
|   | ε    | 0                        | 0  | 0                           | 0            | 0                      | 0.   | 0  |
| JAMES D. DALY                           | : 8  | 218,380.                 | 0  | 14,144.                     | 0            | 27,164.                | 259,688.   | 0.   |
| 1                                       | 8    | ł                        | 0  | 0                           | 0            | • 0                    | 0.   | 0.   |
| D. CROW                                 | Ξ    | 131,172.                 | 0.   |                             | 0            | 21,871.                | 154,513.   | 0  |
|   | 8    | 174,455.                 | 1,800.   | 2,027.                      | 0.           | 16,781.                | 195,063.   | 0.   |
| BUFORD D. TACKETT III                   | Ξ    | 0                        | 0  | 0                           | 0            | 0                      | • 0  | 0  |
| nemannemannemannemannemannemannemannema | ε    | 155,765.                 | 1,935.   | 1,543.                      | 0            | 18,517.                | 177,760.   | 0.   |
| GLENN A. WILLIAMS                       | 3    | .]                       | •  | 0                           | 0.           | 0                      | • 0  | 0.   |
| 1                                       | 8    | • 0                      | 0  | 0                           | 0            | 0                      | 0  | 0.   |
| THOMAS A. MINNERY                       | Ξ    | 139,312.                 | 3,500.   | 2,472.                      | 0.           | 18,460.                | 163,744.   | 0.   |
|   | (3)  | 138,351.                 | 0  | 2,412.                      | 0.           | 20,737.                | 161,500.   | 0.   |
| STANLEY R. JOHN                         | 3    | .0                       |  | .0                          | 0            | • 0                    | ]* 0   | 0.   |
|   | 8    | 136,127.                 | **************************************             | 1,413.                      | 0            | 22,300.                | 159,840.   | 0.   |
| RONALD E. WILSON                        | 3    | • 0                      |  | 0                           | .0           | • 0                    | 0  | .0   |
|   | 8    | 128,955.                 | 0.   | 1,793.                      | 0.           | 21,626.                | 152,374.   | .0   |
| KENT KIEFER                             | €    | .0                       | 0.   | 0                           | 0            | 0.                     |  | 0.   |
|   | (3)  | 127,547.                 | • 0  | 2,252.                      | • 0          | 17,707.                | 147,506.   | 0.   |
| STEVE MAEGDLIN                          | ⊞    | • 0                      | 0  | 0                           | • 0          | • 0                    | 0  | * 0  |
|   | €    |                          |  |                             |              |                        |  | The second secon |
|   | (ii) |                          |  |                             |              |                        |  | Andrews (Antonia Antonia Anton |
|   | 8    |                          |  |                             |              |                        | The state of the s |  |
|   | Ξ    |                          |  |                             |              |                        |  | ***************************************  |
|   | 8    |                          |  |                             |              |                        |  |  |
|   | (3)  |                          |  |                             |              |                        |  |  |
|   | 3    |                          |  |                             |              |                        |  |  |
|   | (ii) |                          |  |                             |              |                        |  | -  |
|   | =    |                          |  |                             |              |                        |  |  |
|   | Œ    |                          |  |                             |              |                        |  |  |
|   | 8    |                          |  |                             |              |                        |  |  |
|   | ₿    |                          |  |                             |              |                        |  |  |
|   | Ξ    |                          |  |                             |              |                        | **************************************   |  |
|   | Ξ    |                          |  |                             |              |                        |  |  |
|   |      |                          |  |                             |              |                        | Schedul  | Schedule J (Form 990) 2008   |
|   |      |                          |  | ( 7                         |              |                        |  |  |

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

PART I, LINE 1A: CHARTER TRAVEL WAS PROVIDED TO DR. & MRS. DOBSON FOR ONE OF

MR. DALY HAS FLOWN FIRST-CLASS ON OCCASION. THEIR MINISTRY TRIPS. TRAVEL FOR COMPANIONS WAS PROVIDED TO JIM DALY, GLENN WILLIAMS & CLARK

THE COST OF THE COMPANION TRAVEL IS INCLUDED IN EMPLOYEE MILLER.

COMPENSATION.

KEY TAX INDEMNIFICATION FOR GROSS-UP PAYMENTS WAS PROVIDED TO OFFICERS, EMPLOYEES, AND HIGHLY COMPENSATED EMPLOYEES LISTED ON FORM 990, PART VII.

P L THE VALUE OF LISTED PROPERTY USED BY EXECUTIVES HAS BEEN GROSSED-UP INCLUDE THE IMPACT OF THIS ADDITIONAL TAXABLE INCOME AND IS INCLUDED IN

THEIR COMPENSATION.

THESE SERVICES PERSONAL SERVICES WERE PROVIDED TO DR. & MRS. DOBSON.

INCLUDED INDIVIDUAL MEDICAL ASSISTANCE.

FOCUS ON THE FAMILY AND DR. BUFORD D. TACKETT III PART I, LINE 6: (EMPLOYEE) HAVE A LICENSE AGREEMENT WITH REGARD TO WORLDVIEW PROJECT

INTELLECTUAL PROPERTY WHICH WAS RESEARCHED AND DEVELOPED BY EMPLOYEE PRIOR

Page 3

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

ITS MISSION MULTIMEDIA, MULTI-EPISODE SERIES AND HAVE CREATED TEACHING MATREIALS FOR THIS SERIES AND THE RELATED MATERIAL FOCUS BELIEVES THE FOCUS, ALONG WITH EMPLOYEE, DEVELOPED THIS ORIGINAL MATERIAL INTO A DIGITALLY ENCODED TRUTH PROJECT DVD SERIES IS CONSISTENT WITH AND SUPPORTIVE OF TO HIS EMPLOYMENT WITH FOCUS ON THE FAMILY (FOCUS). ARE COMMONLY KNOWN AS THE TRUTH PROJECT DVD SERIES. USE IN CONNECTION WITH THE SERIES. AND PURPOSE

HE RECEIVED 21, 2009, HE BECAME ENTITLED TO RECEIVE A ROYALTY PAYMENT OF 15% OF FOCUS, A PAYMENT FOR \$10,402.15 FOR THE YEAR ENDED SEPTEMBER 30, 2009 OF THE NET REVENUES FROM SALES OF THE TRUTH PROJECT MATERIALS. EMPLOYEE COMMENCING ON THE DATE THAT EMPLOYEE CEASED TO BE AN SEPTEMBER

#### SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**Transactions with Interested Persons** 

► Attach to Form 990 or Form 990-EZ.

To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, lines 38a or 40b.

2008 Open To Public Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number 95-3188150

| FC   | OCUS ON          | THE FA                | AMILY      |                                  |               |   |             | 9                | <u>5-31</u>           | <u>8815</u>                            | 0           |   |
|--|------------------|-----------------------|------------|----------------------------------|---------------|---|-------------|------------------|-----------------------|--|-------------|---|
| Part I Excess Benef                          | it Transact      | i <b>ons</b> (secti   | on 501(c)( | (3) and section                  | 1 501(c)(4)   | organizatio                             | ns only).   |                  |                       |  |             |   |
| To be completed t                            | oy organizatìon  | s that ansv           | ered "Yes  | " on Form 99                     | 0, Part IV, I | ine 25a or                              | 25b, or F   | orm 990          | D-EZ, Par             | t V, line                              | 40b.        |   |
| 1 ,,,  | u                |                       |            |                                  | (L) D         |   | af transs   | ation.           |                       |  | (c) Corr    | rected?                                 |
| (a) Name of o                                | lisqualified per | son<br>               |            |                                  | (D) D         | escription                              | oi transa   | ZIOH             |                       |  | Yes         | No                                      |
|  |                  |                       |            |                                  | ·····         |   |             |                  |                       |  |             | *************************************** |
|  |                  |                       |            |                                  |               |   |             |                  |                       |  |             |   |
|  |                  |                       |            |                                  |               |   |             |                  |                       |  |             |   |
|  |                  |                       |            |                                  |               |   |             |                  |                       | ************                           |             |   |
|  |                  |                       |            |                                  |               |   |             |                  |                       |  |             |   |
|  |                  |                       |            |                                  |               |   |             |                  |                       |  |             |   |
| 2 Enter the amount of tax in                 | posed on the     | organizatio           | n manager  | s or disqualifi                  | ed persons    | during the                              | year und    | ier              |                       |  |             |   |
|  |                  |                       |            |                                  |               |   |             |                  |                       |  |             |   |
| 3 Enter the amount of tax, if                | any, on line 2,  | above, rein           | nbursed by | y the organiza                   | tion          | ,.,,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |             |                  | , <b>&gt;</b> \$,     |  |             |   |
| 0  | / F I            |                       | Davaan     |                                  |               |   |             |                  |                       |  | <del></del> |   |
| Part II Loans to and/                        |                  |                       |            |                                  |               |   | - 000       | F-7 D            |                       | 00.                                    |             |   |
| To be completed i                            | T                |                       |            |                                  |               |   | 1           |                  |                       | oroved                                 | (-) )4      | ritten                                  |
| (a) Name of interested<br>person and purpose |                  | to or from inization? |            | inal principal<br>mount          | (d) Bala      | nce aue                                 | (e)<br>defa |                  | by bo                 | ard or<br>littee?                      |             | ment?                                   |
| baraari arra barbaaa                         | То               | 1                     | -          |                                  |               |   | Yes         | No               | Yes                   | No.                                    | Yes         | No                                      |
|  | 10               | From                  |            |                                  |               |   | 163         | 110              | 103                   |  | 103         | 110                                     |
|  |                  |                       |            |                                  |               |   | 1           |                  |                       |  |             |   |
|  |                  |                       |            |                                  |               | ,                                       |             |                  | <b> </b>              |  | <u></u>     |   |
|  |                  |                       |            |                                  |               |   |             |                  |                       |  |             |   |
|  |                  |                       |            |                                  |               |   |             |                  |                       |  |             |   |
|  |                  |                       |            |                                  |               |   |             |                  |                       |  |             |   |
| Total  |                  |                       |            | <b>&gt;</b> \$                   |               |   |             |                  |                       |  |             |   |
| Part III Grants or Ass                       | istance Be       | nefiting              | nterest    | ed Person                        | S.            |   |             |                  |                       |  |             |   |
| To be completed                              | by organization  | s that ansv           | vered "Yes | s" on Form 99                    | 0, Part IV, I | ine 27.                                 |             |                  |                       |  |             |   |
| (a) Name of intereste                        | ed person        |                       | (b) Relat  | lonship betwe                    |               | ted person                              | and         |                  | (c) Amou              | int of gr                              | ant or ty   | pe                                      |
|  |                  |                       |            | the or                           | ganization    |   |             |                  | 01                    | f assista                              | nce         |   |
|  |                  |                       |            |                                  |               |   |             |                  |                       |  |             |   |
|  |                  |                       |            |                                  |               |   |             |                  |                       |  | ······      |   |
|  | w                |                       |            |                                  |               |   |             |                  |                       |  |             |   |
|  |                  |                       |            |                                  |               |   |             |                  |                       |  |             |   |
| <u></u>                                      |                  |                       |            |                                  |               |   |             |                  |                       | ······································ |             | ·····                                   |
|  |                  |                       | 1          | ad Dayson                        |               |   |             |                  |                       |  |             |   |
| Part IV Business Trai                        |                  |                       |            |                                  |               |   |             |                  |                       |  |             |   |
| To be completed                              |                  | i                     |            |                                  | 1             |   |             |                  | <b>5</b>              | 1 . 5                                  | (e) Sha     | aring of                                |
| (a) Name of intereste                        | ed person        | (b)                   |            | nip between ir<br>nd the organiz |               | (c) Amo                                 |             |                  | Descript<br>transacti |  | òrganiz     | zation's                                |
|  |                  |                       | porsonial  | organiz                          |               | II WI IOL                               |             |                  |                       |  |             | nues?                                   |
| BUFORD D TACKET                              | T T T T T        | g0:                   | NI OF      | BUFORD                           | D. TA         | Ęſ                                      | ,994        | BIIE             | מאטי                  | TV P                                   | Yes         | No<br>X                                 |
| SARA D WOODARD                               | T T A            |                       |            | R OF DA                          |               |   | ,601        |                  |                       |  |             | X                                       |
| SARA D WOODARD<br>CSK STRATEGIC M            | ADKETTINA        |                       |            | KEY EMP                          |               |   | ,833        |                  |                       |  |             | X                                       |
| COV DIVELLEGIC ME                            | 21/VT: T T T//   | 2 GIAL O              |            | THE THIE                         |               | 74                                      | ,, 000      | • <u>~ ~ ~ r</u> | · *> * 11/            |  | <b></b>     | 47                                      |

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

Schedule L (Form 990 or 990-EZ) 2008

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

Department of the Treasury Internal Revenue Service

**NonCash Contributions** 

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

FOCUS ON THE FAMILY

Employer identification number 95-3188150

| Pa | t Types of Property                                       |   |  |  |  |   | -3100130   |
|----|---|---|--|--|--|---|--|
|    | 1,700 011,00010   | (a)<br>Check if<br>applicable           | (b)<br>Number of<br>contributions      | <b>(c)</b><br>Revenues reported on<br>Form 990, Part VIII, line 1g | į  | (d<br>Method of d<br>reven              | etermining   |
| 1  | Art - Works of art  | X                                       | 4                                      | 21,915.  | FAIR   | MARKET                                  | VALUE  |
| 2  | Art - Historical treasures                                |   |  |  |  |   |  |
| 3  | Art - Fractional interests                                |   |  |  | <del>                                     </del> |   |  |
| 4  | Books and publications                                    | X                                       |  | 295.   | FATR   | MARKET                                  | VALUE  |
| 5  | Clothing and household goods                              | X                                       |  |  |  | MARKET                                  |  |
|    |   | 42                                      |  | 0,021.   |  | * ** ** * * * * * * * * * * * * * * *   | VILLO  |
| 6  | Cars and other vehicles                                   |   |  |  | <del> </del>                                     |   |  |
| 7  | Boats and planes  | ļ                                       |  |  |  |   |  |
| 8  | Intellectual property                                     | X                                       | 201                                    | 1 100 696  | EATD   | MADEEL                                  | T/AT IIT   |
| 9  | Securities - Publicly traded                              | Λ                                       | 201                                    | 1,199,686.   | LAIK   | MWKKET                                  | VALUE  |
| 0  | Securities - Closely held stock                           |   |  |  | ļ  |   |  |
| 1  | Securities · Partnership, LLC, or trust interests         |   |  |  |  | *************************************** |  |
| 2  | Securities · Miscellaneous                                |   |  |  |  |   |  |
| 3  | Qualified conservation contribution (historic structures) |   | ************************************** |  |  |   |  |
| 4  | Qualified conservation contribution (other)               |   |  |  |  |   |  |
| 5  | Real estate - Residential                                 |   | <b>1</b>                               |  |  |   |  |
| 6  | Real estate - Commercial                                  |   |  |  | <u> </u>   |   | ······································                             |
| 7  | Real estate - Other                                       |   |  |  | <del> </del>                                     |   | ······································                             |
| 8  | Collectibles  | X                                       | 1                                      | 1.951.   | FATR   | MARKET                                  | VALUE  |
|    |   |   |  |  | 1  | 111111111111111111111111111111111111111 |  |
| 9  | Food inventory  |   |  |  | <del> </del>                                     |   |  |
| 0  | Drugs and medical supplies                                |   |  |  | ļ  |   |  |
| 1  | Taxidermy   | *************************************** |  |  |  |   |  |
| 2  | Historical artifacts                                      |   |  |  | <u> </u>   |   |  |
| 23 | Scientific specimens                                      |   |  |  | <del> </del>                                     |   |  |
| 4  | Archeological artifacts                                   | 17                                      | 4.0                                    | 120 F21  |  | NATOTATION                              | **************************************                             |
| 5  | Other (COMMODITIES)                                       | X                                       | 48                                     |  |  |   |  |
| 6  | Other (GIFT CARD)   | X                                       | 1                                      | <u> </u>   |  | MARKET                                  |  |
| 7  | Other ( <u>JEWELRY</u> )                                  | X                                       | 3                                      | 185.   | FAIR   | MARKET                                  | VALUE  |
| 8  | Other (   |   |  |  | ļ  |   |  |
| 9  | Number of Forms 8283 received by the organ                |   |  | i  |  |   |  |
|    | for which the organization completed Form 82              | 283, Part IV,                           | Donee Acknow                           | /ledgment 29   | <u> </u>   |   |  |
|    |   |   |  |  |  |   | Yes N  |
| 0a | During the year, did the organization receive b           | y contribution                          | on any propert                         | y reported in Part I, lines 1-2                                    | 8 that it r                                      | nust hold for                           |  |
|    | at least three years from the date of the initial         | contribution                            | , and which is                         | not required to be used for  | exempt p   | urposes for                             |  |
|    | the entire holding period?                                |   |  |  |  |   | 30a  |
| b  | If "Yes," describe the arrangement in Part II.            |   |  |  |  |   |  |
| 1  | Does the organization have a gift acceptance              | policy that r                           | equires the rev                        | iew of any non-standard co   | ntribution                                       | s?                                      | 31 X   |
| 2a | Does the organization hire or use third parties           | or related o                            | rganizations to                        | solicit, process, or sell none                                     | cash   |   |  |
|    | contributions?  |   |  |  |  |   | 32a X  |
| b  |   | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,     |  |  | ************                                     | ******************                      |  |
| 13 | If the organization did not report revenues in            | column (c) fo                           | r a type of pro-                       | nerty for which column (a) is                                      | chacked  |   |  |
|    |   | Joidinii (O) IO                         | a cype or pro                          | ours for minor column (a) is                                       | Jilooneo   | •                                       |  |
|    | describe in Part II.                                      |   |  |  |  |   | \$2000000000\$ |

(Form 990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service ► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008 Open to Public Inspection

Name of the organization

FOCUS ON THE FAMILY

Employer identification number 95-3188150

| FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSI | ON:                       |
|---|---------------------------|
| FOCUS ON THE FAMILY (FOCUS) IS A NONDENOMINATIONAL RELIGIOUS  |                           |
| ORGANIZATION WHOSE PRIMARY OBJECTIVE IS TO SPREAD THE GOSPEL  | OF JESUS                  |
| CHRIST BY HELPING TO PRESERVE TRADITIONAL VALUES AND THE INST |                           |
| THE FAMILY. THE PRIMARY MEANS OF ACCOMPLISHING THESE GOALS A  |                           |
| BROADCASTS, PERIODICALS, BOOKS, FILMS, VIDEOS, INTERNET AND E |                           |
| WHICH SHARE THE MESSAGE WITH CONSTITUENTS, SCHOOLS, CHURCHES  | AND THE                   |
| PUBLIC AT LARGE IN THE UNITED STATES AS WELL AS AROUND THE WO | RLD.                      |
|   |                           |
| FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:          |                           |
| CORRESPONDENCE-DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 200 | 9, FOCUS                  |
| ON THE FAMILY ANSWERED ABOUT 2.5 MILLION LETTERS, E-MAILS, WE |                           |
| CONTACTS, AND TELEPHONE CALLS, EACH OF WHICH CAME SEEKING A S | PECIFIC                   |
| RESPONSE TO A UNIQUE REQUEST OR A QUESTION ABOUT RELATIONSHIP | S AND                     |
| FAMILY LIFE. THIS DIRECT COMMUNICATION IS A VITAL LINK TO TH  | E PEOPLE                  |
| WE DESIRE TO SERVE. THE MANY INQUIRIES FOR INFORMATION, ADVI  | CE, AND                   |
| ENCOURAGEMENT ARE FIELDED BY AN EXPERT STAFF OF OVER 140, MAN | Y OF WHICH                |
| HOLD EARNED DEGREES.  |                           |
| EXPENSES \$ 11901910. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0  | •                         |
|   |                           |
| PUBLIC POLICY AWARENESS - FOR MANY YEARS, FOCUS ON THE FAMILY | (FOF) HAS                 |
| PLAYED AN IMPORTANT ROLE IN EDUCATING THE CHRISTIAN COMMUNITY | ON PUBLIC                 |
| POLICY AND LEGISLATIVE MATTERS THAT ARE CRITICAL IN THE BATTL | E TO                      |
| PRESERVE THE JUDEO-CHRISTIAN FOUNDATION THAT IS VITAL TO BUIL |                           |
| STRONG FAMILIES IN THIS GREAT NATION AND DEVELOPING A CULTURE |                           |
| FRIENDLY TO SHARING THE GOSPEL OF JESUS CHRIST. BEGINNING IN  |                           |
|   | chedule O (Form 990) 2008 |

Supplemental Information to Form 990

Department of the Treasury additions Internal Revenue Service

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2008
Open to Public Inspection

Name of the organization

FOCUS ON THE FAMILY

Employer identification number 95-3188150

YEAR ENDED SEPTEMBER 30, 2006, THIS EFFORT WAS INCREASED TO CREATE A POSITIVE IMPACT ON THE DEFINITION OF MARRIAGE (ONLY BETWEEN ONE MAN AND ONE WOMAN), THE SANCTITY OF HUMAN LIFE IN ALL ITS FORMS, AND THE NEED TO DEAL WITH JUDICIAL TYRANNY, ALSO, CITIZEN MAGAZINE, WHICH CIRCULATES TO APPROXIMATELY 57,000 HOUSEHOLDS. DURING THIS YEAR, FOF COMMUNICATED IMPORTANT INFORMATION BY MAIL TO AS MANY AS 1.1 MILLION HOUSEHOLDS ON CRITICAL PUBLIC POLICY ISSUES. FOF ADDRESSED, VIA EMAIL, OVER 120,000 HOUSEHOLDS DAILY/WEEKLY CONCERNING UP-TO-THE MINUTE POLICY MATTERS THROUGH "CITIZENLINK." ALSO, CITIZEN MAGAZINE, WHICH CIRCULATES TO APPROXIMATELY 57,000 HOUSEHOLDS, PROVIDED IN-DEPTH STORIES AND ANALYIS ON PRESSING POLICY CONCERNS. FOF'S ISSUES RESPONSE GROUP PROVIDES RESEARCH AND ANALYSIS NECESSARY TO PROPERLY EDUCATE THE CHRISTIAN COMMUNITY AND REACT TO NEW AND EMERGING ISSUES THAT FACE OUR NATION. SMALLER GROUPS WITHIN FOF'S PUBLIC POLICY DEPARTMENT, SUCH AS "LOVE WON OUT" WHICH COMMUNICATES GOD'S REDEMPTIVE GRACE AND THE TRUTH ABOUT HOMOSEXUALITY AND ITS IMPACT ON OUR SOCIETY, MINISTER TO VERY SPECIFIC NEEDS. EXPENSES \$ 6992541. INCLUDING GRANTS OF \$ 453896. REVENUE \$ 0. INTERNET CONTENT AND MAINTENANCE - FOCUS ON THE FAMILY (FOCUS) HAS A SIGNIFICANT INTERNET PRESENCE AND BELIEVES THIS IS A MAJOR AVENUE TO REACH PEOPLE WITH INFORMATION THAT THEY CAN ACCESS AT A MOMENT'S NOTICE. THROUGH ITS INTERNET SITE FOCUS CAN PROVIDE INFORMATION AND RESOURCES TO THEIR CONSTITUENTS AND THE GENERAL PUBLIC ON A WIDE VARIETY OF TOPICS IMPACTING MARRIAGE, PARENTING, AND LIFE IN GENERAL. FOCUS HAS WEBSITES THAT ADDRESS ALL THE VARIOUS AREAS THAT WE SEEK TO LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule O (Form 990) 2008 832211 12-18-08

# Supplemental Information to Form 990

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2008 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

FOCUS ON THE FAMILY

Employer identification number 95-3188150

| MINISTER TO - MARRIAGE, PARENTING, YOUNG CHILDREN, YOUNG ADULTS IN          |
|---|
| THEIR COLLEGE YEARS TO EARLY MARRIAGE, SANCTITY OF HUMAN LIFE,              |
| GOVERNMENT AND PUBLIC POLICY, SOCIAL ISSUES, AND MINISTRY TO PASTORS        |
| AND OTHERS IN MINISTRY.   |
| EXPENSES \$ 5711927. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.                |
|   |
| FAMILY EVENTS - FOCUS ON THE FAMILY HAS SPONSORED AND CONDUCTED MANY        |
| EVENTS TO EMPHASIZE THE IMPORTANCE OF MARRIAGE, FAMILY AND PARENTING.       |
| THESE EVENTS ARE DESIGNED TO TO SUPPORT, ENCOURAGE, AND EDUCATE OUR         |
| CONSTITUENTS AND THE GENERAL PUBLIC. THE MARRIAGE SIMULCAST REACHED         |
| MORE THAN 750,000 PEOPLE IN OVER 500 CHURCHES IN FEBRUARY 2009. A BIG       |
| DIG SIMULCAST WAS HELD IN AUGUST 2009 REACHING 61 CHURCHES AND 7,130        |
| PEOPLE. MANY LOCAL AND REGIONAL SEMINARS AND CONFERENCES SUCH AS LOVE       |
| WON OUT, THE TRUTH PROJECT, AND PASTOR-TO-PASTOR MEETINGS WERE ALSO         |
| HELD.   |
| EXPENSES \$ 3864765. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.                |
|   |
| VARIOUS OTHER MINISTRY EFFORTS (SUCH AS FOF INSTITUTE, INTERNATIONAL        |
| OUTREACH, CHRISITIAN WORLDVIEW MINISTRY IE "THE TRUTH PROJECT", TRUE U,     |
| DRUG PROOF YOUR KIDS, COUNSELING, OPTION ULTRASOUND, AND OUTREACH TO        |
| PREGNANCY RESOURCE CENTERS).  |
| EXPENSES \$ 26035818. INCLUDING GRANTS OF \$ 754982. REVENUE \$ 0.          |
|   |
| FORM 990, PART VI, SECTION A, LINE 2: JAMES C. DOBSON, PH.D AND SHIRLEY     |
| M. DOBSON ARE HUSBAND AND WIFE AND BOTH HAVE BEEN DIRECTORS AND OFFICERS OF |
| THE ORGANIZATION.   |

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

Schedule O (Form 990) 2008

# **Supplemental Information to Form 990**

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2008
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Name of the organization

FOCUS ON THE FAMILY

Employer identification number 95-3188150

| FORM 990, PART VI, SECTION A, LINE 10: FORM 990 WAS REVEIWED BY THE   |
|---|
| AUDIT/FINANCE COMMITTEE OF THE BOARD OF DIRECTORS BEFORE FILING WITH THE  |
| IRS.  |
|   |
| FORM 990, PART VI, SECTION B, LINE 12C: ANNUAL DISCLOSURE STATEMENTS  |
| SIGNED BY DIRECTORS, OFFICERS AND KEY EMPLOYEES.  |
|   |
| FORM 990, PART VI, SECTION B, LINE 15: THE COMPENSATION COMMITTEE OF THE  |
| BOARD OF DIRECTORS DETERMINES COMPENSATION OF THE ORGANIZATION'S CEO BY   |
| REVIEWING COMPARABILITY DATA AND CONTEMPORANEOUS SUBSTANTIATION. THE  |
| COMMITTEE ALSO ANNUALLY REVIEWS THE COMPENSATION OF OTHER OFFICERS AND KEY  |
| EMPLOYEES.  |
|   |
| THE VOTING MEMBERS OF THIS COMMITTEE ARE INDEPENDENT DIRECTORS OF THE   |
| ORGANIZATION.   |
|   |
| FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:  |
| AL, AZ, CA, CO, DC, FL, GA, IN, MD, MN, NH, TN, VA, WV, WA, WI  |
|   |
| FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES IT'S  |
| ORGANIZING DOCUMENTS AVAILABLE BY WRITTEN REQUEST. ALSO, THE ORGANIZATION   |
| MAKES IT'S FINANCIAL STATEMENTS AND FORMS 990 AVAILABLE ON IT'S WEBSITE.  |
| FORM 990, PART XI, LINE 2C  |
| AUDIT COMMITTEE OF THE BOARD OF DIRECTORS  LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.  Schedule O (Form 990) 2008 |
| LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule O (Form 990) 2008   |

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2008
Open to Public Inspection

Name of the organization

FOCUS ON THE FAMILY

Employer identification number 95-3188150

(Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990

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OMB No. 1545-0047 Open to Public Inspection

Name of the organization

FOCUS ON THE FAMILY

**Employer identification number** 95-3188150

| AND FOCUS ON THE FAMILY (FOCUS) HAVE ENTERED INTO A THREE YEAR BUSINESS AGREEMENT WHEREBY CSK WILL PERFORM MARKETING SERVICES FOR FOCUS. A FORMER KEY EMPLOYEE, STEVE MAEGDLIN, IS THE CEO OF CSK STRATEGIC MARKETING GROUP INC. (CSK) AND OWNS MORE THAN 5% OF CSK.  (E) SHARING OF ORGANIZATION REVENUES? = NO  FORM 990, PART VII, SECTION A, LINE 1A, COLUMN A RESIGNATION OF BOARD MEMBERS DURING THE TAX YEAR ON OCTOBER 23, 2008, MR. BOBB BIEHL RESIGNED HIS BOARD MEMBER SEAT.  ON FEBRUARY 25, 2009, BOTH DR. & MRS. DOBSON RESIGNED THEIR OFFICER POSITIONS AND BOARD MEMBER SEATS.  FORM 990, PART VII, SECTION A, LINE 1A, COLUMN B AVERAGE HOURS PER WEEK DEVOTED TO RELATED ORGANIZATIONS AS EMPLOYEES OF A RELATED ORGANIZATION, THE FOLLOWING INDIVIDUALS LISTED ON FORM 990, PART VII, SECTION A, LINE 1A DEVOTED AN AVERAGE OF 45 HOURS PER WEEK TO THE RELATED ORGANIZATION:  JAMES D. DALY WADE D. CROW THOMAS A. MINNERY  SCHEDULE G, PART I, LINE 2B(V) DETAIL OF PAYMENTS TO PROFESSIONAL FUNDRAISER | (D) DESCRIPTION OF TRANSACTION: CSK STRATEGIC MARKETING GROUP INC. (CSK) |
|--|--|
| FORMER KEY EMPLOYEE, STEVE MAEGDLIN, IS THE CEO OF CSK STRATEGIC  MARKETING GROUP INC. (CSK) AND OWNS MORE THAN 5% OF CSK.  (E) SHARING OF ORGANIZATION REVENUES? = NO  FORM 990, PART VII, SECTION A, LINE 1A, COLUMN A  RESIGNATION OF BOARD MEMBERS DURING THE TAX YEAR  ON OCTOBER 23, 2008, MR. BOBB BIEHL RESIGNED HIS BOARD MEMBER SEAT.  ON FEBRUARY 25, 2009, BOTH DR. & MRS. DOBSON RESIGNED THEIR OFFICER  POSITIONS AND BOARD MEMBER SEATS.  FORM 990, PART VII, SECTION A, LINE 1A, COLUMN B  AVERAGE HOURS PER WEEK DEVOTED TO RELATED ORGANIZATIONS  AS EMPLOYEES OF A RELATED ORGANIZATION, THE FOLLOWING INDIVIDUALS  LISTED ON FORM 990, PART VII, SECTION A, LINE 1A DEVOTED AN AVERAGE OF  45 HOURS PER WEEK TO THE RELATED ORGANIZATION:  JAMES D. DALY  WADE D. CROW  THOMAS A. MINNERY  | AND FOCUS ON THE FAMILY (FOCUS) HAVE ENTERED INTO A THREE YEAR BUSINESS  |
| MARKETING GROUP INC. (CSK) AND OWNS MORE THAN 5% OF CSK.  (E) SHARING OF ORGANIZATION REVENUES? = NO  FORM 990, PART VII, SECTION A, LINE 1A, COLUMN A  RESIGNATION OF BOARD MEMBERS DURING THE TAX YEAR  ON OCTOBER 23, 2008, MR. BOBB BIEHL RESIGNED HIS BOARD MEMBER SEAT.  ON FEBRUARY 25, 2009, BOTH DR. & MRS. DOBSON RESIGNED THEIR OFFICER  POSITIONS AND BOARD MEMBER SEATS.  FORM 990, PART VII, SECTION A, LINE 1A, COLUMN B  AVERAGE HOURS PER WEEK DEVOTED TO RELATED ORGANIZATIONS  AS EMPLOYEES OF A RELATED ORGANIZATION, THE FOLLOWING INDIVIDUALS  LISTED ON FORM 990, PART VII, SECTION A, LINE 1A DEVOTED AN AVERAGE OF  45 HOURS PER WEEK TO THE RELATED ORGANIZATION:  JAMES D. DALY  WADE D. CROW  THOMAS A. MINNERY  SCHEDULE G, PART I, LINE 2B(V)  | AGREEMENT WHEREBY CSK WILL PERFORM MARKETING SERVICES FOR FOCUS. A       |
| (E) SHARING OF ORGANIZATION REVENUES? = NO  FORM 990, PART VII, SECTION A, LINE 1A, COLUMN A RESIGNATION OF BOARD MEMBERS DURING THE TAX YEAR  ON OCTOBER 23, 2008, MR. BOBB BIEHL RESIGNED HIS BOARD MEMBER SEAT.  ON FEBRUARY 25, 2009, BOTH DR. & MRS. DOBSON RESIGNED THEIR OFFICER POSITIONS AND BOARD MEMBER SEATS.  FORM 990, PART VII, SECTION A, LINE 1A, COLUMN B AVERAGE HOURS PER WEEK DEVOTED TO RELATED ORGANIZATIONS AS EMPLOYEES OF A RELATED ORGANIZATION, THE FOLLOWING INDIVIDUALS LISTED ON FORM 990, PART VII, SECTION A, LINE 1A DEVOTED AN AVERAGE OF 45 HOURS PER WEEK TO THE RELATED ORGANIZATION:  JAMES D. DALY WADE D. CROW THOMAS A. MINNERY  SCHEDULE G, PART I, LINE 2B(V)  | FORMER KEY EMPLOYEE, STEVE MAEGDLIN, IS THE CEO OF CSK STRATEGIC         |
| FORM 990, PART VII, SECTION A, LINE 1A, COLUMN A  RESIGNATION OF BOARD MEMBERS DURING THE TAX YEAR  ON OCTOBER 23, 2008, MR. BOBB BIEHL RESIGNED HIS BOARD MEMBER SEAT.  ON FEBRUARY 25, 2009, BOTH DR. & MRS. DOBSON RESIGNED THEIR OFFICER  POSITIONS AND BOARD MEMBER SEATS.  FORM 990, PART VII, SECTION A, LINE 1A, COLUMN B  AVERAGE HOURS PER WEEK DEVOTED TO RELATED ORGANIZATIONS  AS EMPLOYEES OF A RELATED ORGANIZATION, THE FOLLOWING INDIVIDUALS  LISTED ON FORM 990, PART VII, SECTION A, LINE 1A DEVOTED AN AVERAGE OF  45 HOURS PER WEEK TO THE RELATED ORGANIZATION:  JAMES D. DALY  WADE D. CROW  THOMAS A. MINNERY  SCHEDULE G, PART I, LINE 2B(V)  | MARKETING GROUP INC. (CSK) AND OWNS MORE THAN 5% OF CSK.                 |
| RESIGNATION OF BOARD MEMBERS DURING THE TAX YEAR ON OCTOBER 23, 2008, MR. BOBB BIEHL RESIGNED HIS BOARD MEMBER SEAT.  ON FEBRUARY 25, 2009, BOTH DR. & MRS. DOBSON RESIGNED THEIR OFFICER POSITIONS AND BOARD MEMBER SEATS.  FORM 990, PART VII, SECTION A, LINE 1A, COLUMN B AVERAGE HOURS PER WEEK DEVOTED TO RELATED ORGANIZATIONS AS EMPLOYEES OF A RELATED ORGANIZATION, THE FOLLOWING INDIVIDUALS LISTED ON FORM 990, PART VII, SECTION A, LINE 1A DEVOTED AN AVERAGE OF 45 HOURS PER WEEK TO THE RELATED ORGANIZATION:  JAMES D. DALY WADE D. CROW THOMAS A. MINNERY  SCHEDULE G, PART I, LINE 2B(V)  | (E) SHARING OF ORGANIZATION REVENUES? = NO                               |
| ON OCTOBER 23, 2008, MR. BOBB BIEHL RESIGNED HIS BOARD MEMBER SEAT.  ON FEBRUARY 25, 2009, BOTH DR. & MRS. DOBSON RESIGNED THEIR OFFICER POSITIONS AND BOARD MEMBER SEATS.  FORM 990, PART VII, SECTION A, LINE 1A, COLUMN B  AVERAGE HOURS PER WEEK DEVOTED TO RELATED ORGANIZATIONS  AS EMPLOYEES OF A RELATED ORGANIZATION, THE FOLLOWING INDIVIDUALS  LISTED ON FORM 990, PART VII, SECTION A, LINE 1A DEVOTED AN AVERAGE OF  45 HOURS PER WEEK TO THE RELATED ORGANIZATION:  JAMES D. DALY  WADE D. CROW  THOMAS A. MINNERY  SCHEDULE G, PART I, LINE 2B(V)   | FORM 990, PART VII, SECTION A, LINE 1A, COLUMN A                         |
| ON FEBRUARY 25, 2009, BOTH DR. & MRS. DOBSON RESIGNED THEIR OFFICER  POSITIONS AND BOARD MEMBER SEATS.  FORM 990, PART VII, SECTION A, LINE 1A, COLUMN B  AVERAGE HOURS PER WEEK DEVOTED TO RELATED ORGANIZATIONS  AS EMPLOYEES OF A RELATED ORGANIZATION, THE FOLLOWING INDIVIDUALS  LISTED ON FORM 990, PART VII, SECTION A, LINE 1A DEVOTED AN AVERAGE OF  45 HOURS PER WEEK TO THE RELATED ORGANIZATION:  JAMES D. DALY  WADE D. CROW  THOMAS A. MINNERY  SCHEDULE G, PART I, LINE 2B(V)   | RESIGNATION OF BOARD MEMBERS DURING THE TAX YEAR                         |
| POSITIONS AND BOARD MEMBER SEATS.  FORM 990, PART VII, SECTION A, LINE 1A, COLUMN B  AVERAGE HOURS PER WEEK DEVOTED TO RELATED ORGANIZATIONS  AS EMPLOYEES OF A RELATED ORGANIZATION, THE FOLLOWING INDIVIDUALS  LISTED ON FORM 990, PART VII, SECTION A, LINE 1A DEVOTED AN AVERAGE OF  45 HOURS PER WEEK TO THE RELATED ORGANIZATION:  JAMES D. DALY  WADE D. CROW  THOMAS A. MINNERY  SCHEDULE G, PART I, LINE 2B(V)  | ON OCTOBER 23, 2008, MR. BOBB BIEHL RESIGNED HIS BOARD MEMBER SEAT.      |
| AVERAGE HOURS PER WEEK DEVOTED TO RELATED ORGANIZATIONS  AS EMPLOYEES OF A RELATED ORGANIZATION, THE FOLLOWING INDIVIDUALS  LISTED ON FORM 990, PART VII, SECTION A, LINE 1A DEVOTED AN AVERAGE OF  45 HOURS PER WEEK TO THE RELATED ORGANIZATION:  JAMES D. DALY  WADE D. CROW  THOMAS A. MINNERY  SCHEDULE G, PART I, LINE 2B(V)   |  |
| AS EMPLOYEES OF A RELATED ORGANIZATION, THE FOLLOWING INDIVIDUALS  LISTED ON FORM 990, PART VII, SECTION A, LINE 1A DEVOTED AN AVERAGE OF  45 HOURS PER WEEK TO THE RELATED ORGANIZATION:  JAMES D. DALY  WADE D. CROW  THOMAS A. MINNERY  SCHEDULE G, PART I, LINE 2B(V)  |  |
| LISTED ON FORM 990, PART VII, SECTION A, LINE 1A DEVOTED AN AVERAGE OF  45 HOURS PER WEEK TO THE RELATED ORGANIZATION:  JAMES D. DALY  WADE D. CROW  THOMAS A. MINNERY  SCHEDULE G, PART I, LINE 2B(V)   |  |
| JAMES D. DALY WADE D. CROW THOMAS A. MINNERY  SCHEDULE G, PART I, LINE 2B(V)   |  |
| WADE D. CROW  THOMAS A. MINNERY  SCHEDULE G, PART I, LINE 2B(V)  |  |
| THOMAS A. MINNERY  SCHEDULE G, PART I, LINE 2B(V)  | JAMES D. DALY  |
| SCHEDULE G, PART I, LINE 2B(V)   | WADE D. CROW   |
|  | THOMAS A. MINNERY  |
| DETAIL OF PAYMENTS TO PROFESSIONAL FUNDRAISER  | SCHEDULE G, PART I, LINE 2B(V)   |
| LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule O (Form 990) 2008  |  |

Department of the Treasury

Internal Revenue Service

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2008
Open to Public Inspection

Name of the organization

FOCUS ON THE FAMILY

Employer identification number 95–3188150

FOCUS ON THE FAMILY (FOCUS) PAID MASTERWORKS A TOTAL OF \$1,334,096,
WHICH CONSISTED OF FUNDRAISING CONSULTING OF \$927,716 AND CREATIVE

SERVICES OF \$406,380. FOCUS ON THE FAMILY HAS AN AGREEMENT WITH

MASTERWORKS TO PROVIDE FUNDRAISING CONSULTING AND SERVICES WITH THE

AGREEMENT STATING THAT THE FEES AND EXPENSES ARE PAID SEPARATELY, THUS

THE \$406,380 ARE NOT INCLUDED ON SCHEDULE G, PART I. THIS IS

CONSISTENT WITH THE PRESENTATION ON FORM 990, PART IX.

GENERAL DISCLOSURE REGARDING DR. JAMES DOBSON AND FOCUS ON THE FAMILY

JAMES DOBSON, INC. (JDI), A PROFESSIONAL CORPORATION OF DR. JAMES

DOBSON HAS PAID FOCUS ON THE FAMILY (FOCUS) \$13,000 TOWARD THEIR RADIO

COSTS (DUE TO VISIBILITY PROVIDED TO DR. DOBSON ON FOCUS RADIO

PROGRAMS) AND OTHER EXPENSES INCURRED ON HIS BEHALF.

THROUGHOUT THE YEARS, FOCUS ON THE FAMILY (FOCUS) HAS OFFERED MANY OF
DR. JAMES DOBSON'S BOOKS AND TAPES FOR DISTRIBUTION. THESE MATERIALS
HAVE BEEN PURCHASED FROM THE PUBLISHERS OF THE BOOKS (NOT FROM DR.

DOBSON OR JAMES DOBSON, INC.), AT MUCH GREATER DISCOUNTS THAN USUAL,
BECAUSE OF THE NATURE OF THE MINISTRY AND DISTRIBUTION OF MATERIALS AT
FOCUS (ROYALTIES HAVE BEEN WAIVED BY DR. DOBSON IN ORDER TO GUARANTEE
MAXIMUM DISCOUNTS TO FOCUS ON PURCHASES). FOCUS ALSO OFFERS PRODUCTS
AUTHORED BY SHIRLEY M. DOBSON (DIRECTOR), AS WELL AS DANAE AND RYAN
DOBSON (CHILDREN OF DR. JAMES AND SHIRLEY DOBSON), UNDER SIMILAR
AGREEMENTS.

THIS TRANSACTION AMOUNT, \$23,901, REFERS TO BOOKS AND TAPES

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12-18-08

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Name of the organization

FOCUS ON THE FAMILY

Employer identification number 95-3188150

| INDIVIDUALLY AUTHORED BY DR. DOBSON AS WELL AS THOSE JOINTLY AUTHORED    |
|--|
| BY DR. & MRS. DOBSON.JAMES DOBSON, INC. (JDI), A PROFESSIONAL            |
| CORPORATION OF DR. JAMES DOBSON HAS PAID FOCUS ON THE FAMILY (FOCUS)     |
| \$13,000 TOWARD THEIR RADIO COSTS (DUE TO VISIBILITY PROVIDED TO DR.     |
| DOBSON ON FOCUS RADIO PROGRAMS) AND OTHER EXPENSES INCURRED ON HIS       |
| BEHALF.  |
|  |
| GENERAL DISCLOSURE REGARDING MRS. SHIRLEY DOBSON AND FOCUS ON THE FAMILY |
| THROUGHOUT THE YEARS, FOCUS ON THE FAMILY (FOCUS) HAS OFFERED MANY OF    |
| DR. JAMES DOBSON'S BOOKS AND TAPES FOR DISTRIBUTION. THESE MATERIALS     |
| HAVE BEEN PURCHASED FROM THE PUBLISHERS OF THE BOOKS (NOT FROM DR.       |
| DOBSON OR JAMES DOBSON, INC.), AT MUCH GREATER DISCOUNTS THAN USUAL,     |
| BECAUSE OF THE NATURE OF TEH MINISTRY AND DISTRIBUTION OF MATERIALS AT   |
| FOCUS (ROYALTIES HAVE BEEN WAIVED BY DR. DOBSON IN ORDER TO GUARANTEE    |
| MAXIMUM DISCOUNTS TO FOCUS ON PURCHASES). FOCUS ALSO OFFERS PRODUCTS     |
| AUTHORED BY SHIRLEY M. DOBSON (DIRECTOR), AS WELL AS DANAE AND RYAN      |
| DOBSON (CHILDREN OF DR. JAMES AND SHIRLEY DOBSON), UNDER SIMILAR         |
| AGREEMENTS.  |
|  |
| THIS TRANSACTION AMOUNT, \$2,625, REFERS TO BOOKS AND TAPES INDIVIDUALLY |
| AUTHORED BY MRS. DOBSON AS WELL AS THOSE JOINTLY AUTHORED BY DR. & MRS.  |
| DOBSON.  |
|  |
|  |

SHIRLEY M. DOBSON SERVES AS AN EX-OFFICIO MEMBER OF ANOTHER NON-PROFIT

ORGANIZATION, THE NATIONAL DAY OF PRAYER COMMITTEE (NPC), SERVING AS

CHAIRMAN OF THE NATIONAL DAY OF PRAYER TASK FORCE (NDPTF), AND

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
832211
12-18-08

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FOCUS ON THE FAMILY

Employer identification number 95-3188150

SEPARATELY AS A BOARD MEMBER AND OFFICER OF FOCUS ON THE FAMILY

(FOCUS). FOCUS, IN FURTHERING ITS EXEMPT PURPOSE PROVIDED CERTAIN

SERVICES (ACCOUNTING, WAREHOUSING, SHIPPING, ETC) TO NPC. NPC PAID

FOCUS \$14,000 DURING THE YEAR TO OFFSET THE COST TO FOCUS IN PROVIDING

THE SERVICES LISTED ABOVE. NPC ALSO UTILIZED FOCUS STAFF TO PERFORM

ALL FUNCTIONS. THE ACTUAL COST OF WAGES AND BENEFITS WAS REIMBURSED TO

FOCUS BY NPC. ADDITIONALLY, NPC REIMBURSES FOCUS FOR CERTAIN DIRECT

EXPENSES INCURRED ON NPC'S BEHALF, AND NPC UTILIZED OFFICE SPACE IN

FOCUS' FACILITIES AT NO COST. NPC MADE A DONATION OF \$50,000 TO FOCUS

DURING FISCAL YEAR ENDED SEPTEMBER 30, 2009.

THE MINISTRIES OF FOCUS ON THE FAMILY

FOCUS ON THE FAMILY . COLORADO SPRINGS, CO 80995 . 719/531-5181

HTTP://WWW.FOCUSONTHEFAMILY.COM

THERE'S MORE TO FOCUS ON THE FAMILY THAN MEETS THE EYE (OR EAR). EVEN
THOSE WHO LISTEN REGULARLY TO OUR RADIO BROADCAST AND HAVE A FAIRLY
SOLID ACQUAINTANCE WITH OUR PURPOSES AND PHILOSOPHY MIGHT BE SURPRISED
AT THE ACTUAL SCOPE OF OUR ACTIVITIES AND INVOLVEMENT. FROM HUMBLE AND
SIMPLE BEGINNINGS - A BOOK ON CHILD DISCIPLINE AND A 25-MINUTE WEEKLY
BROADCAST WHICH FIRST AIRED IN 1977, FOCUS ON THE FAMILY HAS GROWN AND
EXPANDED OVER THE YEARS TO INCLUDE A WIDE ARRAY OF SEPARATE MINISTRIES
UNDER ITS UMBRELLA. THE FOLLOWING DESCRIPTIONS ARE INTENDED TO PROVIDE
JUST A TASTE OF THE DIVERSITY OF THESE PROGRAMS, PROJECTS, AND
OUTREACHES.

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# Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service ➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization

FOCUS ON THE FAMILY

Employer identification number 95-3188150

BROADCAST MINISTRIES FOCUS ON THE FAMILY BROADCAST (WWW.FOCUSONTHEFAMILY.COM/RADIO) THE VAST RADIO NETWORK CARRYING THE DAILY FOCUS ON THE FAMILY (FOCUS) BROADCAST CONTINUES TO EXPAND IN THE NUMBER OF FACILITIES AND PROGRAMS EVERY WEEK IT IS AIRED ON OVER 2,698 FACILITIES (WHICH INCLUDE TERRESTRIAL STATIONS, THEIR TRANSLATORS, SATELLITE RADIO AND STREAMS) THROUGHOUT THE U.S. WITH APPROXIMATELY 430 FACILITIES AROUND THE WORLD. THESE TIMELY PROGRAMS COVER CONCERNS FACING TODAY'S FAMILIES AND PROVIDE A WELCOME SOURCE OF ENCOURAGEMENT AND DIRECTION. FROM THE DAILY ENGLISH PROGRAM, A DAILY 15-MINUTE PROGRAM IS EXCERPTED, SCRIPTED AND THEN TRANSLATED INTO FRENCH, RUSSIAN AND SPANISH, AIRING ON OVER 2000 FACILITIES ACROSS EUROPE, THE COMMONWEALTH OF INDEPENDENT STATES THIS DAILY BROADCAST IS OFFERED AS A (CIS), AND LATIN AMERICA. RESOURCE ON AUDIO CD, PODCAST, MP3 OR ONLINE STREAMING AUDIO. FAMILY NEWS IN FOCUS BROADCAST (WWW.CITIZENLINK.ORG/FNIF) THIS DAILY RADIO NEWS AND COMMENTARY PROGRAM INFORMS CITIZENS ABOUT CURRENT EVENTS, AND CHALLENGES THEM TO TAKE ACTION ON PRO-FAMILY MATTERS. APPROXIMATELY 2,037 FACILITIES CARRY THIS FEATURE, WHICH IS RELEASED VIA EIGHT FORMATS: TWO SEPARATE DAILY 60-SECOND VERSIONS, DAILY TWO-MINUTE OR FIVE-MINUTE VERSIONS, AND THREE WEEKLY VERSIONS, A WEEKLY 30-MINUTE VERSION, TWO-MINUTE AND FIVE-MINUTE VERSIONS. NEWS SEGMENTS ARE POSTED DAILY ONLINE AND ARCHIVED FOR OVER FOUR WEEKS. FOCUS ON THE FAMILY COMMENTARY BROADCAST

THIS 90-SECOND PRACTICAL "FAMILY HELP" SPOT, FEATURING COMMENTARY BY

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JIM DALY, IS NOW CARRIED EVERY DAY BY OVER 380 GENERAL MARKET RADIO FACILITIES. FAMILIES AROUND THE WORLD ARE FINDING ADVICE MEETING NEEDS IN THEIR LIVES, AS WELL. NOT ONLY IS THE ENGLISH LANGUAGE COMMENTARY HEARD IN DOZENS OF CITIES SUCH AS SINGAPORE AND JOHANNESBURG, IT IS ALSO TRANSLATED INTO 17 LANGUAGES AND AIRS IN COUNTRIES SUCH AS ARGENTINA, INDONESIA, MAINLAND CHINA, AND SLOVAKIA. THE BROADCAST IS CARRIED EVERY DAY ACROSS THE WORLD FROM AROUND 911 FACILITIES. FOCUS ON THE FAMILY MINUTE (FOFM) BROADCAST THIS 60-SECOND RADIO FEATURE IS COMPOSED OF EXCERPTS FROM THE 30-MINUTE IT PRESENTS A GEM OF USEFUL FAMILY-RELATED INFORMATION WHILE ALSO SERVING AS AN INTRODUCTION FOR NEW LISTENERS TO THE DAILY FOFM HAS GROWN DRAMATICALLY SINCE ITS INCEPTION, NOW AIRING PROGRAM. ON OVER 2,516 FACILITIES IN THE UNITED STATES AND WITH AROUND 250 FACILITIES OVERSEAS. FOCUS ON THE FAMILY WITH DR. BILL MAIER TV THIS SHORT FORM TELEVISION FEATURE OF ROUGHLY 90 SECONDS IN LENGTH AIRS THREE TIMES PER WEEK ON LOCAL NEWS STATIONS ACROSS THE COUNTRY. IT IS CURRENTLY AIRING ON 84 STATIONS WHICH ARE AFFILIATED WITH MAJOR TV THE FEATURE IS SET-UP IN A NEWS STORY FORMAT CONSISTING OF A HOST (DR. MAIER) COVERING FAMILY OR PARENTING ORIENTED STORIES AND FOCUS ON THE FAMILY EXPERTS ARE USED AS WELL AS INFORMATION CONTENT. FROM FOCUS ON THE FAMILY SOURCES, SUCH AS FOCUS ON YOUR CHILD OR TROUBLEDWITH.COM.

BROADCAST MINISTRIES

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FAMILY MINUTE WITH DR. BILL MAIER (WWW.FAMILYMINUTE.ORG) THIS DAILY 1-MINUTE CUSTOMIZED COMMENTARY AIRS ON 538 CHRISTIAN MUSIC FACILITIES AND NETWORKS WITH HUGE AUDIENCES. DR. MAIER OFFERS ENCOURAGEMENT AND ADVICE ON TOPICS RELEVANT TO PARENTING AND MARRIAGE. WEEKEND MAGAZINE (CHRISTIAN) BROADCAST AIRING ON OVER 1,481 FACILITIES NATIONWIDE AND 104 FACILITIES IN CANADA, PLUS 99 FACILITIES ACROSS THE WORLD, THIS WEEKLY BROADCAST PROVIDES A SMORGASBORD OF ADVICE AND ENCOURAGEMENT ABOUT MARRIAGE, PARENTING, HEALTH, FINANCES AND ENTERTAINMENT. DESIGNED FOR THE "SOCCER MOM" ON THE GO, THIS PROGRAM ADDRESSES A VARIETY OF TOPICS IN A THIS VERSION IS FAST-PACED, EDUCATIONAL AND EASY-TO-LISTEN-TO FORMAT. HOSTED BY PSYCHOLOGIST DR. BILL MAIER. WEEKEND MAGAZINE (GENERAL MARKET) BROADCAST WEEKEND MAGAZINE ALSO AIRS ON APPROXIMATELY 179 NON-RELIGIOUS RADIO FACILITIES ACROSS THE UNITED STATES. THIS VERSION IS NEARLY IDENTICAL, MINUS 7-MINUTES OF CONTENT TO ACCOMMODATE THE LONGER COMMERCIAL BREAKS ON GENERAL MARKET STATIONS. A CD COPY OF THE PROGRAM IS DISTRIBUTED TO THESE STATIONS EACH WEEK. ADVENTURES IN ODYSSEY BROADCAST IT'S HARD TO BELIEVE FOR MORE THAN 20 YEARS, ADVENTURES IN ODYSSEY HAS OFFERED THOUSANDS OF FAMILIES HOPE, ENCOURAGEMENT AND IMPORTANT LIFE LESSONS BASED ON BIBLICAL TRUTHS APPLICABLE TO PEOPLE OF ALL AGES. MARCH OF 2008, WHEN THE PROGRAM AIRED ITS 634TH EPISODE, ADVENTURES IN LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule O (Form 990) 2008

Supplemental Information to Form 990

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OMB No. 1545-0047 Open to Public Inspection

Name of the organization

**Employer identification number** 

95-3188150 FOCUS ON THE FAMILY ODYSSEY WAS THE LONGEST-RUNNING WEEKLY DRAMA WITH A CONSISTENT CAST OF ADVENTURES IN ODYSSEY IS NOW HEARD ON OVER 3,900 RADIO CHARACTERS! FACILITIES WORLDWIDE. PLUGGED IN MOVIE REVIEW BROADCAST CURRENTLY AIRING ON MORE THAN 1,743 RADIO FACILITIES, THE PLUGGED IN MOVIE REVIEW (PIMR) HIGHLIGHTS A MOTION PICTURE RELEASE EACH WEEK AND BREAKS DOWN THE CONTENT INTO A 60-SECOND AND A 120-SECOND SNAPSHOT (RADIO STATIONS ARE FREE TO CHOOSE WHICH VERSION THEY PREFER). OF THE ABOVE FACILITIES, 620 AIR THE LIVE RADIO FEATURE AND 227 FACILITIES AIR THE LATEST ARBITRON FIGURES SHOW THAT 6.5 MILLION THE DVD VERSION. PEOPLE EACH WEEK HEAR THE MINUTE-LONG FEATURE. AN ADDITIONAL 270,000 LISTEN TO THE LONGER VERSION. ENFOQUE A LA FAMILIA BROADCAST ENFOQUE A LA FAMILIA'S MISSION IS TO REACH THE HISPANIC COMMUNITY OF THE UNITED STATES WITH THE TRUTH OF THE GOSPEL THROUGH STRENGTHENING AND UPHOLDING THE HISPANIC FAMILY. THE ENFOQUE A LA FAMILIA RADIO BROADCAST IS CURRENTLY AIRING ON ABOUT 177 FACILITIES THROUGHOUT THE U.S. AND ON APPROXIMATELY 841 FACILITIES OUTSIDE THE U.S. ONLINE MINISTRIES FOCUS ON THE FAMILY WEB SITE (WWW.FOCUSONTHEFAMILY.COM) THE FLAGSHIP WEB SITE FOR FOCUS ON THE FAMILY DRAWS AN AVERAGE DAILY AUDIENCE OF ABOUT 47,700, PROVIDING A POWERFUL POTENTIAL TO EXTEND THE

REACH OF THE BEST FAMILY MATERIALS AVAILABLE THROUGH AN INSTANT-ACCESS

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Schedule O (Form 990) 2008

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Department of the Treasury Internal Revenue Service

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MEDIUM. INFORMATION PROVIDED ONLINE SERVES TO SUPPLEMENT THE RESOURCE
REQUESTS RECEIVED VIA PHONE OR LETTER. THIS INCLUDES THE CREATION OF
SPECIAL COLLECTIONS OF ARTICLES, RESOURCES, AND LINKS TO GIVE VISITORS
THE LATEST AND BEST RESOURCES AVAILABLE ALREADY SORTED BY TOPIC. WITH
THE INTRODUCTION OF STREAMING MEDIA TECHNOLOGY, BULLETIN BOARDS, AND
LIVE CHAT EVENTS, THESE ONLINE MINISTRIES WILL PROVIDE MORE UP-TO-DATE
INFORMATION THAN EVER BEFORE.

MARRIAGE (WWW.FOCUSONTHEFAMILY.COM/MARRIAGE)
WHILE THE VERY DEFINITION OF MARRIAGE IS DEBATED, COUPLES EVERYWHERE

WHILE THE VERY DEFINITION OF MARRIAGE IS DEBATED, COUPLES EVERYWHERE

CONTINUE TO FACE THE CHALLENGE OF BUILDING AND PRESERVING A STRONG

COMMITMENT. OUR STRATEGIC MARRIAGE MINISTRY HELPS DEVELOP A BIBLICAL

VISION FOR MARRIAGE, FIND WAYS TO HELP IT THRIVE THROUGH EVERY SEASON

OF LIFE, AND EMPOWER IT TO LAST FOR A LIFETIME.

PARENTING (WWW.FOCUSONTHEFAMILY.COM/PARENTING, WWW.PLUGGEDIN.COM)

IT'S IMPOSSIBLE TO ESTIMATE THE NUMBER OF LETTERS WE'VE RECEIVED OVER

THE YEARS FROM PARENTS THANKING DR. DOBSON AND FOCUS ON THE FAMILY FOR

HELPING THEM RAISE THEIR CHILDREN. OUR MINISTRY HAS LONG BEEN KNOWN

FOR ITS PARENTING RESOURCES, AND THE PARENTS MINISTRY TEAM CONTINUES

THE TRADITION BY REFORMATTING TIMELESS MATERIALS AND DEVELOPING NEW

ONES TO MEET THE NEEDS OF THE 21ST CENTURY FAMILY.

CHILDREN (WWW.CLUBHOUSEMAGAZINE.COM, WWW.CLUBHOUSEJR.COM,

WWW.WHITSEND.ORG)

FOCUS ON THE FAMILY MEETS THE NEEDS OF KIDS OF ALL AGES WHILE PROVIDING

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| A SAFE PLACE TO GROW IN THEIR FAITH. THE SITES FOR YOUNGER KIDS PROVIDE   |
|---|
| FUN ARTICLES, FAITH-BUILDING STORIES, RECIPES, ACTIVITY SUGGESTIONS,  |
| POEMS, AND GAMES.   |
|   |
| TEENS (WWW.BRIOMAG.COM, WWW.BREAKAWAYMAG.COM)   |
| BOMBARDED BY PEER PRESSURE AND MISLEADING MEDIA MESSAGES, TEENS   |
| DESPERATELY NEED SOMEONE TO STAND IN THE GAP AND PROVIDE POSITIVE   |
| DIRECTION AND MENTORING IN THE AREAS OF EVANGELISM, DISCIPLESHIP,   |
| WORLDVIEW, MEDIA, AND CULTURE. THESE WEBSITES WERE DISCONTINUED DURING  |
| THE YEAR AND TRANSFERRED TO KOR MINISTRIES.   |
|   |
| PLUGGEDIN.COM (WWW.PLUGGEDIN.COM)   |
| NOW REACHING OVER 1 MILLION VISITS PER MONTH, THIS FOCUS ON THE FAMILY  |
| WEBSITE POSTS TIMELY REVIEWS OF WHAT'S PLAYING IN THEATERS EACH WEEK  |
| (AND AN ONGOING ARCHIVE), TELEVISION PROGRAMMING, POPULAR CDS AND VIDEO   |
| GAMES. THESE REVIEWS FOCUS ON THE MESSAGES BEING CONVEYED, BOTH   |
| POSITIVELY AND NEGATIVELY. THE PLUGGEDIN.COM WEBSITE ALSO TACKLES MANY  |
| OF THE MOST POPULAR QUESTIONS BEING ASKED BY OUR READERSHIP AS WELL AS  |
| OFFERING PRACTICAL ADVICE ABOUT BECOMING MORE DISCERNING REGARDING  |
| TODAY'S MEDIA.  |
|   |
| COLLEGE STUDENT MINISTRY  |
| FOCUS LEADERSHIP INSTITUTE (WWW.FOCUSLEADERSHIP.ORG)  |
| LAUNCHED IN 1995, THE INSTITUTE OFFERS COLLEGE STUDENTS A   |
| LIFE-CHANGING, SEMESTER-LONG EXPERIENCE THAT HELPS THEM DEVELOP A   |
| HEALTHY CHRISTIAN WORLDVIEW AND EQUIPS THEM TO USE THIS UNDERSTANDING   |
| HA For Privacy Act and Paperwork Reduction Act Notice see the Instructions for Form 990. Schedule O (Form 990) 2008 |

## **SCHEDULE 0**

(Form 990)

Department of the Treasury Internal Revenue Service

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| TO SHAPE THEIR CULTURE. PARTICIPANTS RECEIVE COLLEGE CREDIT WHILE   |
|---|
| UNDERGOING INTENSIVE TRAINING ON TOPICS LIKE PUBLIC POLICY, THE DECLINE   |
| OF THE FAMILY, AND THE CHURCH IN SOCIETY.   |
|   |
| THE BOUNDLESS PROJECT (WWW.BOUNDLESS.ORG)   |
| SPONSORED BY FOCUS ON THE FAMILY, BOUNDLESS IS A MINISTRY FOR THOSE IN  |
| THE TRANSITIONAL YEARS BETWEEN HIGH SCHOOL GRADUATION AND PARENTHOOD.   |
| WHILE RESEARCH WARNS US OF AN INHERENT SPIRITUAL WANDERLUST DURING  |
| THESE YEARS, BOUNDLESS OFFERS YOUNG ADULTS AS CONSISTENT CHRISTIAN  |
| COMMUNITY AND MOTIVATION TO REMAIN FIRM IN THEIR FAITH AND PLUGGED INTO   |
| A LOCAL CHURCH BODY. FROM COLLEGE TO CAREER TO RELATIONSHIPS,   |
| BOUNDLESS OFFERS A VIBRANT VISION FOR YOUNG ADULTS SEEKING TO   |
| EXPERIENCE THE ABUNDANT CHRISTIAN LIFE IN THE MIDST OF DISCOVERY AND  |
| CHANGE.   |
|   |
| ONLINE MINISTRIES   |
| ENFOQUE A LA FAMILIA (WWW.ENFOQUEALAFAMILIA.COM)  |
| ENFOQUE A LA FAMILIA'S MISSION IS TO COOPERATE WITH THE HOLY SPIRIT IN  |
| THE DISSEMINATION OF THE GOSPEL OF JESUS CHRIST THROUGH THE CARE,   |
| PROTECTION, INSTRUCTION AND MOBILIZATION OF HISPANIC FAMILIES IN THE  |
| UNITED STATES.  |
|   |
| BRIARGATE MEDIA (WWW.BRIARGATEMEDIA.COM)  |
| THIS WEB SITE SERVES IN THE PLACEMENT AND PROMOTION OF FOCUS ON THE   |
| FAMILY MEDIA PRODUCTS, SUCH AS VARIOUS RADIO AND TV PROGRAMS AND PRINT  |
| PUBLICATIONS, TO THE BROADCAST AND PRINT MEDIA - BOTH GENERAL MARKET  |
| LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule O (Form 990) 2008 832211 12-18-08 |

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AND RELIGIOUS. GOVERNMENT AND PUBLIC POLICY NOW MORE THAN EVER, WE AT FOCUS ON THE FAMILY RECOGNIZE THE NEED TO MAKE OUR VOICES HEARD IN THE PUBLIC SQUARE. PROTECTING LIFE, MARRIAGE AND RELIGIOUS LIBERTIES ARE AMONG THE FRONT BURNER ISSUES THAT IMPACT IN A NATION WHERE INDIVIDUAL "RIGHTS" INCREASINGLY TRUMP THE FAMILY. BIBLICAL TRUTH, ABORTIONS CONTINUE TO BE PERFORMED AT ALARMING RATES. ON A LARGER SCALE, A WORLD UNSCHOOLED IN THE VALUE OF PREMARITAL ABSTINENCE IS FRAUGHT WITH DISEASES LIKE AIDS. OUR GOVERNMENT AND PUBLIC POLICY OUTREACH ADDRESSES THESE ISSUES AND MORE THROUGH A NUMBER IN-HOUSE EXPERTS GRAPPLE WITH CONTEMPORARY SOCIAL ISSUES OF VENUES. AND THEN PRODUCE EDUCATIONAL AND MOTIVATIONAL RESOURCES FOR THE FOCUS AUDIENCE. FAMILY NEWS IN FOCUS ONLINE (WWW.CITIZENLINK.ORG/FNIF) THE FAMILY NEWS IN FOCUS (FNIF) WEBSITE CONTAINS ON-DEMNAD AUDIO OF OUR THE DAILY RADIO NEWS AND COMMENTARY BROADCAST PROGRAM RADIO REPORTS. INFORMS CITIZENS ABOUT CURRENT EVENTS, AND CHALLENGES THEM TO TAKE ACTION ON PRO-FAMILY MATTERS. THEY ARE POSTED DAILY ONLINE. FOCUS ON SOCIAL ISSUES (WWW.CITIZENLINK.ORG/FOSI) THIS WEB SITE SERVES TO BRING TIMELY, CRITICAL ANALYSIS TO BEAR ON THE MOST IMPORTANT CULTURAL AND POLICY ISSUES OF THE DAY. WRITTEN AND EDITED BY SOME OF THE COUNTRY'S MOST KNOWLEDGEABLE FAMILY ADVOCATES, THE RESOURCES FEATURED HERE ARE DESIGNED TO EDUCATE AND ENERGIZE LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule O (Form 990) 2008 832211 12-18-08

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| CONCERNED CITIZENS WITHIN RELIGIOUS, POLITICAL, EDUCATIONAL AND   |
|---|
| ACTIVIST SPHERES WORKING TO APPLY CHRISTIAN PRINCIPLES TO THE STRUGGLES   |
| THAT FACE OUR NATION.   |
|   |
| CITIZENLINK (WWW.CITIZENLINK.ORG/)  |
| CITIZENLINK WEB SITE PROVIDES A BIBLICAL PERSPECTIVE ON NATIONAL AND  |
| LOCAL NEWS AS WELL AS OFFER TECHNIQUES FOR GRASSROOTS ACTIVISM. THE   |
| CITIZENLINK DAILY EMAIL, CREATED BY THE PUBLIC POLICY STAFF, OFFERS A   |
| CHRISTIAN PERSPECTIVE ON SIGNIFICANT CURRENT EVENTS AND LEGISLATION, AS   |
| WELL AS "ACTION ITEMS" THAT OFFERS RESOURCES FOR FURTHER INVOLVEMENT.   |
|   |
| THE PARSONAGE (WWW.PARSONAGE.ORG)   |
| THE WEBSITE WAS CREATED TO COME ALONGSIDE PASTORS AS THEY ENDEAVOR TO   |
| SERVE THE LORD IN THESE MOST DIFFICULT DAYS. THE MISSION IS TO  |
| FACILITATE SPIRITUAL RESTORATION AND RENEWAL FOR MINISTRY FAMILIES  |
| THROUGH RESOURCES AND SERVICES THAT WILL ASSIST IN BRINGING BALANCE TO  |
| THEIR PERSONAL AND PROFESSIONAL LIVES.  |
|   |
| PERIODICALS   |
| FOCUS ON THE FAMILY MAGAZINE  |
| (HTTP://WWW.FOCUSONTHEFAMILY.COM/FOCUSMAGAZINE/)  |
| OUR FLAGSHIP PUBLICATION WAS THE MINISTRY'S OFFICIAL VOICE IN PRINT,  |
| PROVIDING APPROXIMATELY 500,000 HOUSEHOLDS WITH ARTICLES ON TOPICS OF   |
| CRUCIAL RELEVANCE TO THE FAMILY, MONTHLY PROGRAMMING UPDATES, AND DR.   |
| JAMES DOBSON'S UNIQUE INSIGHTS. THE MAGAZINE WAS A 32 PAGE BIMONTHLY  |
| PUBLICATION. DIFFERENT VERSIONS OF THE MAGAZINE WERE PRODUCED FOR THE   |
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FAMILIES.

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UNIQUE NEEDS OF COUPLES (MARRIED 1-5 YEARS, NO CHILDREN), PARENTS,

SINGLE PARENTS, MIDLIFE AND BEYOND, AND PASTORS. THE LAST ISSUE WAS

MAILED TO FAMILIES IN SEPTEMBER 2009 AS A FALL ISSUE.

THE MEDIA PUBLISHING GROUP WILL BE LAUNCHING THRIVING FAMILY, A

FULL-SIZE, NEWSSTAND-WORTHY PARENTING, MARRIAGE, AND FAMILY MAGAZINE,

IN THE FALL OF 2009 AND MAIL 300,000 COPIES OF THIS 60 PAGE BIMONTHLY

PUBLICATION. THE PURPOSE OF THRIVING FAMILY IS TO PROVIDE AND

REINFORCE FOCUS ON THE FAMILY'S CORE MARRIAGE AND PARENTING MESSAGE TO

THE BULL'S-EYE AUDIENCE ON A REGULAR BASIS AND TO INSPIRE AND EQUIP

FAMILY NEWS FROM DR. JAMES DOBSON MONTHLY NEWSLETTER

(WWW.FOCUSONTHEFAMILY.COM/DOCSTUDY)

THIS MONTHLY NEWSLETTER SERVES AS THE MAJOR AVENUE FOR EXPRESSION OF

DR. DOBSON'S OWN PERSONAL CONCERNS AND THOUGHTS ON A VARIETY OF ISSUES.

THE NEWSLETTER IS SENT TO APPROXIMATELY ONE MILLION INDIVIDUALS AND HAS

PROVEN TO BE AN EFFECTIVE MEANS OF SHARING COMMENTS ON THE HOME, FAITH,

AND FREEDOM. IT ALSO SERVES TO HIGHLIGHT AVAILABLE FAMILY-BUILDING

RESOURCES.

FOCUS ON THE FAMILY CITIZEN MAGAZINE (WWW.CITIZENLINK.ORG/CITIZENMAG)

FOCUS ON THE FAMILY CITIZEN IS A 32-PAGE, FOUR-COLOR, MONTHLY

NEWSMAGAZINE WITH A CIRCULATION OF 57,000. IT SEEKS TO INFORM READERS

ABOUT HOW GOD IS WORKING THROUGH FAITHFUL BELIEVERS TO DISPLAY HIS

REDEMPTIVE POWER IN VARIOUS ISSUES.

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BREAKAWAY MAGAZINE (WWW.BREAKAWAYMAG.COM) BREAKAWAY IS OUR MAGAZINE OUTREACH TO TEEN BOYS. WITH A SUBSCRIPTION BASE OF AROUND 79,000, IT SHOWCASES POSITIVE MALE ROLE MODELS AND OFFERS SOUND ADVICE ON AVOIDING THE PITFALLS OF ADOLESCENCE. **EVERY** MONTH YOUNG MEN LEARN TO MAINTAIN THEIR FAITH IN GOD AND TO DEVELOP A DEEP-ROOTED CHRISTIAN CHARACTER. THIS MAGAZINE WAS DISCONTINUED IN FEBRUARY 2009 AND TRANSFERRED TO KOR MINISTRIES. BRIO MAGAZINES (WWW.BRIOMAG.COM) BRIO MAGAZINE AND BRIO & BEYOND MAGAZINE ARE STYLE-SETTING MAGAZINES READ BY OVER 171,000 TEEN GIRLS WHO RELY ON THEM FOR TIPS, ADVICE, AND SPIRITUAL GUIDANCE IN DEALING WITH THE STORMS OF LIFE COMMON TO THE IT PRESENTS POSITIVE ROLE MODELS AND EMPHASIZES MAKING TEENAGE YEARS. AN AWARD-WINNING PUBLICATION, BRIO IS OUR MOST POPULAR RIGHT CHOICES. THESE MAGAZINES WERE DISCONTINUED IN FEBRUARY 2009 AND TRANSFERRED TO KOR MINISTRIES. DURING THE YEAR ENDED SEPTEMBER 30, 2009, FOCUS ON THE FAMILY MADE A STRATEGIC DECISION TO STEP AWAY FROM DIRECT-TO-TEEN MINISTRIES AND TO PUT MORE EMPHASIS ON OUR MINISTRY TO TEENS PARENTS. IT WAS BELIEVED THAT OTHER MINISTRIES WOULD BE BETTER ABLE TO PROVIDE EFFECTIVE AS PART OF THIS STRATEGY, A DECISION WAS MINISTRY DIRECTLY TO TEENS. MADE TO SELL THE ASSETS OF THE YOUTH MAGAZINES BRIO, BRIO & BEYOND, AND FOCUS ON THE FAMILY CONTACTED OVER 35 DIFFERENT MINISTRIES, BREAKAWAY. FROM THAT POOL OF INQUIRIES, SIX DIFFERENT CHURCHES AND PUBLISHERS.

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FOCUS ON THE FAMILY

Employer identification number 95-3188150

PROPOSALS WERE RECEIVED AND EVALUATED BY A TEAM FROM FOCUS ON THE IT WAS DECIDED TO TRANSFER THE ASSETS, PURSUANT TO A SALE AGREEMENT, TO KOR MINISTRIES, A 501(C)(3)MINISTRY SPECIFICALLY DESIGNED TO REACH YOUNG PEOPLE, SINCE THEY HAVE THE SAME CORE VALUES AS FOCUS ON THE PRESIDENT OF KOR MINISTRIES IS RYAN DOBSON, SON OF THE FAMILY. FOCUS ON THE FAMILY FOUNDER AND FORMER BOARD MEMBERS, JAMES AND SHIRLEY DOBSON. PERIODICALS FOCUS ON THE FAMILY CLUBHOUSE MAGAZINE (WWW.CLUBHOUSEMAGAZINE.COM) IN SERVING NEARLY 85,000 OF OUR INTERMEDIATE READERS, AGES EIGHT TO TWELVE, FOCUS ON THE FAMILY CLUBHOUSE PRESENTS A FUN MIX OF CONTEMPORARY AND CLASSIC FICTION, PERSONALITY STORIES, FACT ARTICLES, QUIZZES, CRAFTS AND GAMES ALL FROM A CHRISTIAN WORLDVIEW. FOCUS ON THE FAMILY CLUBHOUSE, JR. MAGAZINE (WWW.CLUBHOUSEMAGAZINE.COM/CLUB JR/) THIS COLORFUL, HIGH-QUALITY MAGAZINE, GEARED FOR AGES THREE TO SEVEN, CONTAINS SIMPLE STORIES, CRAFTS, BIBLE STORIES, POEMS, AND PUZZLES DESIGNED TO DELIGHT THE 66,000 CHILDREN WHO RECEIVE IT. AN EMPHASIS ON CHRISTIAN VALUES MAKES THIS AN IDEAL RESOURCE FOR OUR YOUNGEST READERS. FOCUS ON THE FAMILY PLUGGED IN MAGAZINE (WWW.PLUGGEDIN.COM) PLUGGED IN IS A FOCUS ON THE FAMILY PUBLICATION REACHING 33,000 HOMES HELPING EQUIP PARENTS, YOUTH LEADERS, MINISTERS AND TEENS WITH THE ESSENTIAL TOOLS AND PRACTICAL INFORMATION THAT WILL ENABLE THEM TO LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule O (Form 990) 2008

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service

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OMB No. 1545-0047 Open to Public Inspection

Name of the organization

FOCUS ON THE FAMILY

**Employer identification number** 95-3188150

UNDERSTAND, NAVIGATE AND IMPACT THE CULTURE IN WHICH THEY LIVE. BECAUSE ENTERTAINMENT IS A POTENT INFLUENCE ON OUR CULTURE FOR BOTH GOOD AND EVIL, OUR REVIEWS AND DISCUSSIONS ARE DESIGNED TO SPARK INTELLECTUAL THOUGHT, FAMILY DISCUSSION, SPIRITUAL GROWTH AND A STRONG DESIRE TO FOLLOW THE COMMAND OF COLOSSIANS 2:8. "SEE TO IT THAT NO ONE TAKES YOU CAPTIVE THROUGH HOLLOW AND DECEPTIVE PHILOSOPHY, WHICH DEPENDS ON HUMAN TRADITION AND THE BASIC PRINCIPLES OF THIS WORLD RATHER THAN ON CHRIST." THIS MAGAZINE WAS DISCONTINUED IN FEBRUARY 2009, BUT THIS CONTENT IS CARRIED ON OUR PLUGGEDIN.COM WEBSITE.

PASTOR TO PASTOR CD AUDIO SERIES

THIS RESOURCE IS ESPECIALLY DESIGNED TO MEET THE SPECIFIC NEEDS OF BUSY PASTORS AND CHURCH LEADERS. PASTOR TO PASTOR IS A QUARTERLY AUDIO SERIES FEATURING INTERVIEWS WITH LEADING PASTORS AND CHRISTIAN LEADERS ON IMPORTANT TOPICS FOR THOSE IN MINISTRY. HOSTED BY REV. H.B. LONDON JR., A RESPECTED SENIOR PASTOR FOR OVER 30 YEARS, NUMEROUS GUESTS OFFER THEIR SOLID BIBLICAL INSIGHTS ON TOPICS SUCH AS FINANCES, PARENTING STAGES, BURNOUT, SUFFERING, CONFLICT, PERSONAL DEVOTIONS AND RESTORATION. ONE HUNDRED TWO EDITIONS HAVE BEEN PRODUCED SINCE 1992 AND ARE NOW AVAILABLE ONLINE FOR LISTENING OR DOWNLOADING.

PASTOR'S WEEKLY BRIEFING NEWSLETTER (WWW.PARSONAGE.ORG) DESIGNED WITH THE BUSY PASTOR AND CHURCH LEADER IN MIND, THIS WEEKLY NEWSLETTER IS COMPILED BY OUR PASTORAL MINISTRIES STAFF AND IS IT PROVIDES THE LATEST INFORMATION ON AVAILABLE ONLINE OR BY E-MAIL. DEVELOPMENTS IN WASHINGTON, DC, CULTURAL PATTERNS, TRENDS IN AMERICAN

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

Schedule O (Form 990) 2008

Department of the Treasury

Internal Revenue Service

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FOCUS ON THE FAMILY

Employer identification number 95-3188150

CHURCHES AND SCHOOLS, COURT DECISIONS, AND MUCH MORE. THIS RESOURCE

PROVIDES EXCELLENT MATERIAL FOR USE IN SERMONS, BULLETINS, LETTERS, AND

DISCUSSIONS. PASTORS AND CHURCH LEADERS ALSO FIND FASCINATING FACTS,

INSIGHTFUL STATISTICS, PRAYER CONCERNS, AND RESOURCE SUGGESTIONS THAT

WILL SAVE THEM TIME AND HELP THEM SERVE THEIR CONGREGATIONS BETTER. AT

PRESENT, OVER 24,000 MINISTERS AND CHURCH LEADERS RECEIVE THE ONLINE

NEWSLETTER.

FAMILY RESOURCES

BOOK PUBLISHING (RESOURCES.FAMILY.ORG/)

FOCUS ON THE FAMILY PARTNERS WITH SEVERAL CHRISTIAN PUBLISHERS TO

CREATE PRODUCTS RANGING FROM FICTION FOR CHILDREN TO MARRIAGE-BUILDING
RESOURCES, PARENTING HELPS, AND INSPIRATIONAL BOOKS FOR MEN AND WOMEN.

MORE THAN HALF OF THESE PRODUCTS ARE CREATED BY AN IN-HOUSE TEAM OF

WRITERS AND EDITORS, AND ARE SUPPORTED BY CONTRIBUTIONS FROM TALENTED

AUTHORS.

FILMS AND VIDEOS (RESOURCES.FAMILY.ORG/)

FOCUS ON THE FAMILY BEGAN ITS FIRST FILM PRODUCTION IN 1986 AND HAS

CONTINUED PRODUCING NEW PROGRAMS THAT HAVE BEEN TRANSLATED IN OVER 20

LANGUAGES. FOCUS ON THE FAMILY CONTINUES TO SEEK THE WIDEST POSSIBLE

AUDIENCES FOR ITS VIDEOS. FOCUS ON THE FAMILY VIDEOS INCLUDE MARRIAGE

AND PARENTING ADVICE AS WELL AS ANIMATED AND LIVE ACTION CHARACTER

BUILDING VIDEOS FOR CHILDREN. ALL OF OUR ORIGINAL VIDEOS ARE SCRIPTED

AND FILMED WITH CHRISTIAN AUDIENCES IN MIND, ALTHOUGH THEY ARE OFTEN

ENJOYED BY A BROADER AUDIENCE.

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| PERSONAL TOUCH MINISTRIES   |
|---|
| STRATEGIC ALLIANCE SERVICES   |
| STRATEGIC ALLIANCE SERVICES EXISTS TO SUPPORT THE CHIEF STRATEGY OFFICE   |
| AND THE REST OF FOCUS ON THE FAMILY'S (FOCUS) INTERNAL MINISTRY AREAS   |
| BY FINDING, EVALUATING, AND DEVELOPING WORKING RELATIONSHIPS WITH   |
| ALLIANCES THAT CAN HELP TO EXPAND AND EXTEND FOCUS' STRATEGIC IMPACT TO   |
| FAMILIES AROUND THE WORLD.  |
|   |
| BRIARGATE MEDIA   |
| THIS DEPARTMENT SERVES IN THE PLACEMENT AND PROMOTION OF FOCUS ON THE   |
| FAMILY MEDIA PRODUCTS, SUCH AS VARIOUS RADIO AND TV PROGRAMS AND PRINT  |
| PUBLICATIONS TO THE BROADCAST AND PRINT MEDIA - BOTH GENERAL MARKET AND   |
| RELIGIOUS MARKETS.  |
|   |
| CHAPLAINCY MINISTRY   |
| CHAPLAINS IN ALL AREAS OF MINISTRY INCLUDING THE MILITARY CAN RECEIVE   |
| PRAYER AND ENCOURAGEMENT FROM OUR STAFF OF PASTORAL COUNSELORS. OUR   |
| PASTORS MAKE CONTACT BY PHONE WITH THOSE WHO ARE SPIRITUALLY CONFUSED,  |
| TERMINALLY ILL, LONELY, SUFFERING FROM MEDICAL DIFFICULTIES, OR NEEDING   |
| SPECIAL ASSISTANCE. BENEVOLENT GIFTS ARE OFTEN DISTRIBUTED TO THOSE IN  |
| NEED THROUGH THIS MINISTRY.   |
|   |
| CHRISTIAN WORLDVIEW MINISTRY (WWW.THETRUTHPROJECT.ORG)  |
| AT FOCUS ON THE FAMILY, WE BELIEVE THAT EVERY ASPECT OF OUR LIVES - THE   |
| WAY WE MANAGE OUR FAMILIES, CARRY OUT OUR WORK, ENJOY OUR FREE TIME,  |
| LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule O (Form 990) 2008 832211 12-18-08 |

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AND RELATE TO OTHERS - STEMS FROM OUR UNDERSTANDING OF WHO GOD IS AND
WHO WE ARE IN HIM. THE GOAL OF THE CHRISTIAN WORLDVIEW TEAM IS TO
AWAKEN OUR CONSTITUENTS TO GOD'S TRUTH, CHARACTER, DESIGN, AND PURPOSE
FOR ALL OF LIFE BY CREATING A CURRICULUM FOR SMALL GROUP STUDY,
TRAINING FACILITATORS, AND PROVIDING SUPPORT FOR THOSE TEACHING THESE
VITAL CONCEPTS AND SERVING AS IMPACT PARTNERS IN OUR SOCIETY.

### RELATIONSHIP SERVICES

EACH WEEK BRINGS THOUSANDS OF CONTACTS, VIA EMAIL, LETTERS AND PHONE

CALLS, EACH SEEKING A RESPONSE TO UNIQUE REQUESTS. THIS DIRECT

COMMUNICATION IS A VITAL LINK TO THE PEOPLE WE DESIRE TO SERVE. WE

ALSO MODERATE MOST OF FOCUSON THE FAMILY' FORUMS AND BLOGS, WHICH

OCCASIONALLY PROVIDES OPPORTUNITIES TO REACH OUT TO THIS COMMUNITY AS

WELL. THOSE WHO CONTACT US ARE TREATED WITH DIGNITY, CARE, AND

EXPERTISE. THE MANY INQUIRIES FOR INFORMATION, ADVICE, AND

ENCOURAGEMENT ARE FIELDED AND SUPPORTED BY A WELL-TRAINED STAFF OF OVER

140, PREDOMINANTLY WITH EARNED DEGREES.

### COUNSELING

MANY OF THOSE WHO COME TO US REQUIRE SPECIALIZED CARE. FOCUS ON THE FAMILY (FOCUS) IS INCREASINGLY CALLED UPON TO ASSIST THOSE EXPERIENCING PAINFUL AND OFTEN DESTRUCTIVE SITUATIONS. POTENTIAL SUICIDES, CASES OF SPOUSE ABUSE, AND CHILD MOLESTATION ARE NOT UNCOMMON. THESE PLEAS RECEIVE A REPLY BY PHONE ON A ONE-TO-ONE BASIS. MOST CONTACTS ARE PROMPTED BY OUR RADIO BROADCASTS, WHICH TOUCH OFF AN AVALANCHE OF "PAIN IN ADDITION TO THE RADIO BROADCAST, CALLERS MAIL" AND CRIES FOR HELP. Schedule O (Form 990) 2008 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 832211 12-18-08

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BECOME AWARE OF THE COUNSELING/CONSULTATION WE OFFER THROUGH FOCUS
WEBSITES, MAGAZINE ARTICLES, SIMULCASTS AND OTHER MINISTRY OUTREACHES.

OUR STAFF OF 16 STATE-LICENSED COUNSELORS, AND 2 CHAPLAINS, RESPOND TO
THE CRITICAL LETTERS AND CALLS TOO COMPLEX FOR A MAIL RESPONSE.

FOLLOWING THE FREE CONSULTATION, CALLERS ARE REFERRED TO COUNSELORS IN
THEIR GEOGRAPHICAL AREA WHO HAVE BEEN APPROVED THROUGH A SCREENING
PROCESS FOR OUR NATIONAL REFERRAL NETWORK. FOCUS ON THE FAMILY DOES
NOT PROVIDE A CATEGORICAL "ENDORSEMENT" OF THERAPISTS ON THE REFERRAL
NETWORK. NO CHARGE IS MADE FOR COUNSELOR CONSULTATION.

FOCUS LEADERSHIP INSTITUTE (WWW.FOCUSLEADERSHIP.ORG) THIS SPECIALIZED SEMESTER PROGRAM OF INTENSE STUDY, WHICH WAS LAUNCHED IN SEPTEMBER OF 1995, IS OFFERED THREE TIMES A YEAR TO SELECTED COLLEGE STUDENTS WHO ARE ALREADY ENROLLED AT AN ACCREDITED INSTITUTION. AS THEY PARTICIPATE IN CLASSROOM SESSIONS, INDIVIDUAL RESEARCH, AND INTERNSHIPS UNDER THE LEADERSHIP OF FAMILY SPECIALISTS, UNIQUE EMPHASIS IS PLACED UPON THE INTEGRATION OF JUDEO-CHRISTIAN PRINCIPLES AND ACADEMIC DISCIPLINES. NOT ONLY IS IT ENVISIONED THAT THESE FUTURE LEADERS WILL IMPACT THEIR PEERS ONCE THEY RETURN TO THE COLLEGE CAMPUS, BUT ALSO THAT THEY WILL ULTIMATELY MAKE A DIFFERENCE WITHIN SOCIETY. SIGNIFICANT COMPONENTS OF THE PROGRAM INCLUDE A COMMUNITY LEARNING ENVIRONMENT WHERE MENTORING AND ACCOUNTABILITY ARE STRESSED. IN DEVELOPING THIS GROUNDBREAKING ENDEAVOR, FOCUS ON THE FAMILY HAS RELIED ON THE INPUT OF UNIVERSITY PRESIDENTS, DEANS, AND FACULTY FROM 110 STUDENTS ARE ALSO AFFORDED OPPORTUNITIES TO CHRISTIAN COLLEGES. INTERACT WITH RENOWNED RELIGIOUS AND POLITICAL LEADERS AND TO COMPLETE LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule O (Form 990) 2008

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| AN INTERNSHIP RELATED TO THEIR FUTURE CAREER FIELD.   |
|---|
|   |
| "FOCUS ON THE FAMILY WITH DR. JAMES DOBSON" NEWSPAPER COLUMN  |
| EACH WEEK MILLIONS OF READERS SEARCH FOR THE ANSWERS TO QUESTIONS ABOUT   |
| FAMILY LIFE. THIS QUESTION AND ANSWER COLUMN NOW APPEARS WEEKLY IN  |
| APPROXIMATELY 193 NEWSPAPERS.   |
|   |
| BENEVOLENCE   |
| FUNDING FROM OUR ANNUAL BUDGET HELPS TO PROVIDE TANGIBLE SUPPORT TO   |
| THOSE IN NEED, PRIMARILY THROUGH DISTRIBUTION OF VARIOUS RESOURCES BY   |
| OUR RELATIONSHIP SERVICES, COUNSELING, PASTORAL AND CHAPLAINCY  |
| MINISTRIES.   |
|   |
| HOW TO DRUG PROOF YOUR KIDS - "DPYK" (WWW.DRUGPROOFYOURKIDS.COM)  |
| DPYK WORKS TOGETHER WITH PARENTS, TAKING THEM THROUGH ONE OF THE BEST   |
| DRUG PREVENTION CURRICULUMS AROUND. YOU WILL LEARN WHY KIDS USE DRUGS,  |
| STRATEGIES FOR COMMUNICATION, HOW TO IDENTIFY WARNING SIGNS, TOOLS TO   |
| HELP YOUR KIDS RESPOND TO PEER PRESSURE, HOW TO DEAL WITH CURRENT DRUG  |
| USE AND MORE. MOST IMPORTANTLY, YOU WILL LEARN HOW TO STRENGTHEN  |
| RELATIONSHIPS WITH YOUR KIDS THAT ACT AS A CONSTANT PREVENTATIVE  |
| AGAINST DRUG USE. BY PUTTING IT ALL INTO PRACTICE, YOU WILL BE CLOSER   |
| TO SAYING "NOT MY KID" WITH CONFIDENCE.   |
|   |
| LOVE WON OUT CONFERENCES (WWW.LOVEWONOUT.COM)   |
| THE LOVE WON OUT MINISTRY PROVIDES CHRIST-CENTERED, COMPREHENSIVE   |
| CONFERENCES ENLIGHTENING, EMPOWERING, AND EQUIPPING FAMILIES, CHURCH  |
| LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule O (Form 990) 2008 832211 12-18-08 |

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AND YOUTH LEADERS, EDUCATORS, COUNSELORS, POLICY-MAKERS, AND THE GAY

COMMUNITY ON THE TRUTH ABOUT HOMOSEXUALITY AND ITS IMPACT ON OUR

CULTURE. THIS MINISTRY IS BEING TRANSITIONED TO EXODUS INTERNATIONAL

AND WE WILL STAND ALONGSIDE THEM AS THEY CONTINUE TO SHARE THIS MESSAGE

AS THE ORGANIZER OF LOVE WON OUT CONFERENCES.

PASTORAL MINISTRIES (WWW.PARSONAGE.ORG) RELEVANT MATERIALS, REFERRALS, AND "HANDS-ON" MINISTRY AID THE PASTORAL MINISTRIES DEPARTMENT IN FACILITATING THE SPIRITUAL RENEWAL OF MINISTERS AND THEIR FAMILIES. TIME, FINANCIAL, AND RELATIONAL PRESSURES THAT ARE UNIQUE TO MINISTRY IN TODAY'S FAST-PACED CULTURE ARE PLACING PASTORS' HOMES UNDER ATTACK AS NEVER BEFORE. AS A MEANS OF PROVIDING INSIGHT AND ENCOURAGEMENT TO COUNTERACT THESE DESTRUCTIVE INFLUENCES, SEVERAL TIMELY RESOURCES ARE OFFERED. AMONG THEM ARE THE OUARTERLY PASTOR TO PASTOR AUDIO SERIES; THE PASTOR'S WEEKLY BRIEFING, AN E-NEWSLETTER LOADED WITH FACTS, TRENDS, AND CURRENT EVENTS AFFECTING THE FAMILY; PASTORAL EVENTS AND PASTOR AND SPOUSE RETREATS, HELD IN STRATEGIC LOCATIONS ACROSS THE U.S. AND CANADA TO ENCOURAGE, INFORM, AND SUPPORT THE LOCAL PASTOR AND SPOUSE. DISASTER RELIEF EFFORTS PROVIDE FOCUS ON THE FAMILY RESOURCES TO PASTORS AND CHURCHES AT A TIME OF DEVASTATION TO SUPPORT AND ENCOURAGE THOSE INVOLVED IN A CRISIS SUCH AS THE SEPTEMBER 11 TERROR ATTACK, TORNADOES, HURRICANES OR THIS DEPARTMENT HAS ALSO SPEARHEADED THE EFFORT TO EARTHOUAKES. PROMOTE OBSERVANCE OF CLERGY APPRECIATION MONTH EACH OCTOBER WITH MATERIALS TRANSLATED INTO SPANISH TO REACH THE HISPANIC COMMUNITY, THE IN HOUSE MINISTRY OF CONCERN PROVIDES SUPPORT FOR FOCUS ON LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule O (Form 990) 2008

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THE FAMILY EMPLOYEES AT TIMES OF DEATH, ILLNESS, AND OTHER SERIOUS

PERSONAL ISSUES; THE PASTORAL CARE ONLINE DIRECTORY OFFERS A LIST OF

CARE GIVING MINISTRIES, BOOKS, TAPES, VIDEOS, AND OTHER RESOURCES; THE

PASTORAL CARE LINE PROVIDES A LISTENING EAR, REFERRALS, AND ADVICE TO

PASTORAL FAMILY MEMBERS IN CRISIS; AND THE PASTORS ADVOCATE SERIES OF

BOOKLETS HELP CONGREGATIONS BETTER UNDERSTAND AND CARE FOR THEIR

PASTORAL FAMILIES.

PERSONAL TOUCH MINISTRIES

PHYSICIANS RESOURCE COUNCIL

OVER THIRTY U.S. AND CANADIAN PHYSICIANS REPRESENTING DIVERSE MEDICAL
SPECIALTIES SERVE AS VOLUNTEERS ON THE FOCUS ON THE FAMILY PHYSICIANS
RESOURCE COUNCIL (PRC). THE PRC WORKS CLOSELY WITH OUR MEDICAL REVIEW
DEPARTMENT STAFF, AND FUNCTIONS IN A SUPPORTIVE, ADVISORY CAPACITY BY
PROVIDING OUR MINISTRY WITH EXPERT COUNSEL REGARDING MEDICAL AND
HEALTH-RELATED ISSUES THAT RELATE TO OUR BROADCASTS, PUBLICATIONS,
FILMS, AND OTHER MEDIA.

SANCITY OF HUMAN LIFE (WWW.HEARTLINK.ORG)

BECAUSE THE SANCTITY OF HUMAN LIFE (SOHL) IS ONE OF THE CORE

COMMITMENTS OF FOCUS ON THE FAMILY, THE SOHL TEAM PROMOTES AWARENESS OF

THE VALUE OF EACH HUMAN LIFE AND EQUIPS ITS CONSTITUENTS TO NURTURE AND

DEFEND THE SANCTITY OF HUMAN LIFE FROM CONCEPTION TO NATURAL DEATH.

OUR PRIMARY INITIATIVES ARE:

OPTION ULTRASOUND: PROVIDES GRANTS FOR ULTRASOUND MACHINES OR

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
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12-18-08

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| TOCOD ON THE THIRD  |
|---|
| SONOGRAPHY TRAINING TO QUALIFIED PREGNANCY MEDICAL CLINICS (PMCS) IN  |
| HIGH ABORTION COMMUNITIES, EQUIPPING THEM TO OFFER LIMITED OBSTETRICAL  |
| ULTRASOUND SERVICES UNDER THE SUPERVISION OF A LICENSED PHYSICIAN.  |
|   |
| I.M.P.A.C.T. TRAINING: OFFERS STRATEGIC TRAINING SEMINARS TO HELP PMCS  |
| BECOME INFLUENTIAL, MEDICAL, PROFESSIONAL, ACCOUNTABLE, CULTURALLY  |
| RELEVANT AND TRUSTWORTHY.   |
|   |
| ADOPTION & ORPHAN CARE INITIATIVE (WWW.ICAREABOUTORPHANS.ORG):  |
| COLLABORATE WITH PARTNERS ON WORLDWIDE ADOPTION AND ORPHAN CARE   |
| AWARENESS CAMPAIGNS, AND COORDINATES EFFORTS WITH LEGAL ORPHANS WAITING   |
| IN FOSTER CARE IN THE U.S. FOCUS ALSO PROVIDES TRAINING TO BETTER   |
| EQUIP CHRISTIAN THERAPISTS TO HELP ADOPTIVE FAMILIES THRIVE.  |
|   |
| BENEVOLENT RESOURCES: PROVIDES HUNDREDS OF THOUSANDS OF DOLLARS OF  |
| COUNSELING RESOURCES EACH YEAR TO PRCS, PMCS, AND MATERNITY HOMES, FREE   |
| OF CHARGE.  |
|   |
| BE A VOICE (WWW.BEAVOICE.NET): PROVIDES SPECIALIZED RESOURCES ONLINE TO   |
| EQUIP FAMILIES, CHURCHES AND ORGANIZATIONS TO BE A VOICE FOR LIFE AND   |
| TO MAKE LIFE-AFFIRMING DECISIONS IN THEIR FAMILIES' LIVES.  |
|   |
| STATE FAMILY POLICY COUNCILS (WWW.CITIZENLINK.ORG/FPC/)   |
| SINCE 1988, BUSINESS AND COMMUNITY LEADERS FROM ACROSS THE NATION HAVE  |
| FORMED STATE-LEVEL ORGANIZATIONS TO INVEST IN THE FUTURE OF AMERICA'S   |
| FAMILIES. EACH FAMILY POLICY COUNCIL CONDUCTS POLICY ANALYSIS, PROMOTE  |
| LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule O (Form 990) 2008 832211 12-18-08 |

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RESPONSIBLE AND INFORMED CITIZENSHIP, FACILITATES STRATEGIC LEADERSHIP INVOLVEMENT, AND INFLUENCES PUBLIC OPINION. MANY OF THESE COUNCILS ALSO PERFORM COMMUNITY AND STATEWIDE WORK TO FOSTER A MOVEMENT TO THESE COUNCILS ARE INDEPENDENT ENTITIES WITH NO AFFIRM FAMILIES. CORPORATE OR FINANCIAL RELATIONSHIP TO EACH OTHER OR TO FOCUS ON THE HOWEVER, THEY HAVE A UNIFORM PURPOSE: SERVING AS A VOICE FOR FAMILY. THE FAMILY AND ASSISTING ADVOCATES FOR FAMILY IDEALS WHO AIM TO RECAPTURE THE MORAL AND INTELLECTUAL HIGH GROUND IN THE PUBLIC ARENA. THE SHEPHERD'S COVENANT PASTORS ARE INCREASINGLY FACING A CRISIS OF INTEGRITY, RIGHTEOUSNESS AND CREDIBILITY. MANY NEED TO REGAIN THEIR FOCUS AND TO RECOMMIT THEMSELVES TO A LIFESTYLE PLEASING TO THE LORD, THEIR FAMILIES AND TO THAT END WE OFFER COMPLIMENTARY THE SHEPHERDS CONGREGATIONS. COVENANT, A SIMPLE COMMITMENT BY SPIRITUAL LEADERS TO ASPIRE TO A NEW LEVEL OF HOLINESS AND ACCOUNTABILITY BASED ON THE ACRONYM G.R.A.C.E. (GENUINE ACCOUNTABILITY, RIGHT RELATIONSHIPS, A SERVANT'S HEART, CONSTANT SAFEGUARDS, EMBRACING GOD INTIMATELY). A WEEKLY E-NEWSLETTER IS INCLUDED.

WELCOME CENTER/BOOKSTORE/WHIT'S END

(HTTP://WWW.FOCUSONTHEFAMILY.COM/VISITUS/A000000482.CFM)

APPROXIMATELY 230,000 PEOPLE VISIT FOCUS ON THE FAMILY'S WELCOME CENTER

EVERY YEAR, WHERE THEY CAN EXPLORE OUR GROUND LEVEL, WHICH FEATURES A

10,000 SQUARE FOOT BOOKSTORE AND GIFT SHOP FILLED WITH RELEVANT AND

COMPELLING RESOURCES AND WHOLESOME ENTERTAINMENT; THE SOLID GROUNDS

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COFFEE SHOP; A G. HARVEY GALLERY WITH AN IMPRESSIVE DISPLAY OF ART, CREATED ESPECIALLY FOR FOCUS ON THE FAMILY; VARIOUS MINISTRY-RELATED DISPLAYS; AND OUR SPACIOUS THEATER, WHICH IS HOST TO A VIDEO ON THE HISTORY AND MISSION OF FOCUS ON THE FAMILY. OUR LOWER LEVEL IS HOME TO WHIT'S END SODA SHOPPE, A TURN-OF-THE-CENTURY SODA FOUNTAIN INSPIRED BY THE POPULAR RADIO DRAMA SERIES ADVENTURES IN ODYSSEY (AIO); KID'S DISCOVERY EMPORIUM, FEATURING THE WIDELY POPULAR THREE-STORY A-BEND-A-GO SLIDE; VIDEO CAVES; CLIMBING GYM; TOUCH-SCREEN COLORING BOOKS; A B-17 AIRCRAFT BASED ON THE LAST CHANCE DETECTIVES VIDEO DRAMA SERIES: HAND PUPPETS AND AIO COSTUMES FOR EXTEMPORANEOUS PLAY-ACTING ON A CHILDREN'S THEATRICAL STAGE; KYDS RADIO STATION FOR PERSONALLY RECORDING AN AIO RADIO DRAMA AND LEAVING WITH A SOUVENIR CD; A RICH IN COLOR TODDLER ROOM WITH CLOSE-TO-THE-FLOOR CLIMBING PROPS (IE, BOAT, TUNNEL, ANIMALS); AND A HANDS-ON FOLEY MUSEM AND NARNIA ROOM, COMPLETE WITH A WALK-THROUGH WARDROBE. INFORMATION IS AVAILABLE AT TEH WELCOME CENTER REGARDING OUR DAILY GUIDED TOURS OF THE ADMINISTRATION BUILDING, INCLUDING THE GALLERY WHERE OUR RADIO BROADCASTS ARE RECORDED.

YOUTH OUTREACH (WWW.CLUBHOUSEMAGAZINE.COM, WWW.CLUBHOUSEJR.COM,

WWW.JELLYTELLY.COM, WWW.WHITSEND.ORG, WWW.PLUGGEDIN.COM)

THE YOUTH OUTREACH DEPARTMENT SEEKS TO EQUIP PARENTS, YOUTH LEADERS &

MINISTERS, AND YOUTH (AGES 4-18) WITH THE ESSENTIAL TOOLS THAT WILL

ENABLE THEM TO HELP YOUTH UNDERSTAND, NAVIGATE, AND IMPACT THE CULTURE

IN WHICH THEY LIVE. PRIMARY AVENUES FOR MINISTRY ARE BIG DIG

APOLOGETICS CONFERENCES AND VARIOUS MAGAZINES AND WEBSITES FOR CHILDREN

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
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12-18-08

Schedule O (Form 990) 2008

AND TEENS.

Department of the Treasury Internal Revenue Service

Name of the organization

# Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public
Inspection

FOCUS ON THE FAMILY

Employer identification number 95-3188150

INTERNATIONAL OUTREACH THE REACH OF FOCUS ON THE FAMILY (FOF) NOW EXTENDS TO OVER 156 COUNTRIES. FOCUS BROADCASTS CAN BE HEARD FROM OVER 4,500 FACILITIES FROM VANCOUVER TO BUENOS AIRES TO FINLAND, FROM SOUTH AFRICA TO MELBOURNE TO CHINA. THE DISTRIBUTION OF PRINT, AUDIO, AND VIDEO RESOURCES ENHANCES OUR INTERNATIONAL FAMILY-STRENGTHENING OUTREACH. ASSOCIATE OFFICES THROUGH FOCUS ON THE FAMILY'S PARTNER OFFICES, THE INTERNATIONAL OUTREACH OF THE MINISTRY CONTINUES TO EXPAND. THESE INDEPENDENT ENTITIES, FOUNDED AND STAFFED BY OVER 350 NATIONALS, ARE WORKING TO BRING A MESSAGE OF HOPE TO THEIR COUNTRY. WE NOW HAVE FOCUS PARTNER OFFICES IN 12 COUNTRIES, WHICH INCLUDE: AUSTRALIA, CANADA, COSTA RICA, EGYPT, INDONESIA, IRELAND, KOREA, MALAYSIA, NEW ZEALAND, SINGAPORE, SOUTH AFRICA, AND TAIWAN. IN ADDITION, THERE IS A FIELD OFFICE LOCATED IN COVINA, CALIFORNIA THAT ADDRESSES THE NEEDS OF CHINESE SPEAKING FAMILIES. WE ALSO HAVE PARTNERED WITH OVER 70 LIKE-MINDED MINISTRY PARTNER ORGANIZATIONS IN ANOTHER 40 COUNTRIES TO FURTHER EXPAND OUR REACH BY OFFERING OUR RESOURCES. FOR MORE INFORMATION REGARDING OUR ASSOCIATE OFFICES, PLEASE VISIT OUR WEB SITE AT WWW.FOCUSONTHEFAMILY.COM AND LOOK FOR THE FLAGS AT THE BOTTOM OF THE PAGE.

INTERNATIONAL RESOURCES

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 832211 12-18-08

Schedule O (Form 990) 2008

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization

Employer identification number 95–3188150

FOCUS ON THE FAMILY AN INCREASING NUMBER OF DR. DOBSON AND FOCUS ON THE FAMILY PRINT AND VIDEO RESOURCES ARE FINDING THEIR WAY INTO HOMES ALL OVER THE GLOBE. CURRENTLY, OUR RESOURCES HAVE BEEN TRANSLATED INTO OVER 37 DIFFERENT LANGUAGES, INCLUDING AFRIKAANS, JAPANESE, BULGARIAN, CHINESE, CZECH, ROMANIAN, RUSSIAN, SPANISH, AND ITALIAN. RADIO OUTREACH WE CURRENTLY HAVE 4,540 FACILITIES IN 150 COUNTRIES WITH AN ESTIMATED GLOBAL AUDIENCE OF 220 MILLION. WE ARE CURRENTLY BROADCASTING IN 26 LANGUAGES INCLUDING ALBANIAN, ARABIC, AFRIKAANS, ARMENIAN, CANTONESE, ENGLISH, FINNISH, FRENCH, GERMAN, HINDI, INDONESIAN, KOREAN, MANDARIN, MONGOLIAN, NORWEGIAN, POLISH, PORTUGUESE, ROMANIAN, RUSSIAN, SERBO-CROATION, SLOVAK, SPANISH, TAMIL, TELUGU, XHOSA AND ZULU. PRINT OUTREACH WE CURRENTLY SERVE 38 PUBLICATIONS IN 12 COUNTRIES WITH DR. DOBSON'S NEWSPAPER COLUMN. NEWSPAPER AND MAGAZINE LANGUAGES INCLUDE ENGLISH, CHINESE, FRENCH, POLISH, PORTUGUESE, SPANISH, AND SLOVENIAN. TELEVISION OUTREACH INTERNATIONAL TELEVISION IS CURRENTLY PLACED IN 38 COUNTRIES WITH OVER 100 RELEASES. THERE ARE 13 TV PRODUCTS ON THE AIR, AND OUR MOST PROMINENT PRODUCTS ARE FOCUS ON THE FAMILY COMMENTARY WITH DR. DOBSON, ADVENTURES IN ODYSSEY, AND THAT THE WORLD MAY KNOW SERIES. ENFOQUE A LA FAMILIA, ONE OF OUR ASSOCIATE OFFICES, IS MANAGING THE TV PLACEMENTS

OF 7 SPANISH LANGUAGE PROGRAMS IN 18 LATIN AMERICAN COUNTRIES. WE ARE

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule O (Form 990) 2008

# SCHEDULE O

# Supplemental Information to Form 990

(Form 990)

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008 Open to Public Inspection

| WORKING TOWARD PLACING TV PRODUCTS IN EACH OF THE OTHER 32 LANGUAGES THAT ARE AVAILABLE.  WEB DELIVERY  CURRENTLY, FOCUS ON THE FAMILY IS BROADCAST ON 415 FACILITIES IN 62  COUNTRIES AND IN 14 LANGUAGES. | Name of the organization FOCUS ON THE FAMILY              | Employer identification number 95–3188150 |
|---|---|---|
| WEB DELIVERY  CURRENTLY, FOCUS ON THE FAMILY IS BROADCAST ON 415 FACILITIES IN 62   | WORKING TOWARD PLACING TV PRODUCTS IN EACH OF THE OTHER 3 | 2 LANGUAGES                               |
| CURRENTLY, FOCUS ON THE FAMILY IS BROADCAST ON 415 FACILITIES IN 62   | THAT ARE AVAILABLE.                                       |   |
| CURRENTLY, FOCUS ON THE FAMILY IS BROADCAST ON 415 FACILITIES IN 62   |   |   |
|   | WEB DELIVERY  |   |
| COUNTRIES AND IN 14 LANGUAGES.  | CURRENTLY, FOCUS ON THE FAMILY IS BROADCAST ON 415 FACILI | TIES IN 62                                |
|   | COUNTRIES AND IN 14 LANGUAGES.                            |   |
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SCHEDULER

Department of the Treasury Internal Revenue Service (Form 990)

Parti

2008 Open to Public Inspection

OMB No. 1545-0047

Employer identification number 95–3188150

Related Organizations and Unrelated Partnerships ► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. ▶ See separate instructions. FOCUS ON THE FAMILY Identification of Disregarded Entities Name of the organization

| (A) Name, address, and EIN of disregarded entity           | (B)<br>Primary activity | (C)<br>Legal domicile (state or<br>foreign country) | (D)<br>Total income           | (E)<br>End-of-year assets                        | (F) Direct controlling entity  |
|--|-------------------------|---|-------------------------------|--|--|
|  |                         |   |                               |  | 1000AP AA THI 10 |
|  |                         |   |                               |  |  |
|  |                         |   |                               |  |  |
|  |                         |   |                               |  |  |
| Part II Identification of Related Tax-Exempt Organizations | ions                    |   |                               |  |  |
| (A) Name, address, and EIN of related organization         | (B)<br>Primary activity | (C) Legal domicile (state or foreign country)       | (D)<br>Exempt Code<br>section | (E) Public charity status (if section 501(c)(3)) | (F) Direct controlling entity  |
| FAMILY ACTION, INC<br>8605 EXPLORER DRIVE, COLORADO        | SOCIAL WELFARE \        |   |                               |  |  |
| SPRINGS, CO 80920  | EDUCATIONAL SERVICE     | COLORADO  | 501(C)(4)                     | ***************************************          | NOT APPLICABLE   |

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

Schedule R (Form 990) 2008

832161 12-23-08

General or managing partner?

3

Schedule R (Form 990) 2008

Part III Identification of Related Organizations Taxable as a Partnership

Schedule R (Form 990) 2008 Code V-UBI amount in box 72 20 of Schedule K-1 (Form 1065) Share of end-of-year assets Disproportion-ate allocations? Yes No  $\widehat{\Xi}$ Share of total income Œ Share of end-of-year assets Type of entity (C corp, S corp, or trust) (iii) Share of total income Œ Direct controlling entity Predominant income (related, investment, unrelated) 0 Legal domicile (state or foreign country) Q 85 Direct controlling entity Primary activity <u>©</u> Identification of Related Organizations Taxable as a Corporation or Trust Legal domicile (state or foreign country) Q Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization 832162 12-23-08 Part IV

Percentage ownership

 $\Xi$ 

g

95-3188150

# Part W Transactions With Related Organizations

| Note. Complete line 1 if any entity is listed in Parts II III or IV   | *************************************** | Vac                        |
|---|---|----------------------------|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?                         |   | 1000                       |
| a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity   |   | 1a X                       |
| <b>b</b> Gift, grant, or capital contribution to other organization(s)  |   | 1b X                       |
| c Gift, grant, or capital contribution from other organization(s)   |   | 1c X                       |
| d Loans or loan guarantees to or for other organization(s)  |   | Td X                       |
| :   |   | 1e X                       |
|   |   |                            |
| f Sale of assets to other organization(s)   |   | X                          |
| g Purchase of assets from other organization(s)   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 1g X                       |
| h Exchange of assets  |   | 1h X                       |
| i Lease of facilities, equipment, or other assets to other organization(s)  | 1                                       | X II                       |
| i Lease of facilities, equipment, or other assets from other organization(s)  |   | 1; X                       |
| k Performance of services or membership or fundraising solicitations for other organization(s)  |   | <del> </del>               |
| l Performance of services or membership or fundraising solicitations by other organization(s)   | · · · · · · · · · · · · · · · · · · ·   | ╄-                         |
| m Sharing of facilities, equipment, mailing lists, or other assets  |   | 1m X                       |
| n Sharing of paid employees   |   | 1n X                       |
|   |   |                            |
| o neithbursentein paid to other organization for expenses   |   | 4                          |
| p Reimbursement paid by other organization for expenses   | *************************************** | Tp X                       |
| q Other transfer of cash or property to other organization(s)   | ŕ                                       | 19 X                       |
|   |   | 1r X                       |
| 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds | saction thresholds.                     |                            |
| (A)   | (8)                                     | 0                          |
| Name of other organization(s)   | Transaction<br>type (a-r)               | Amount involved            |
| (1) FOCUS ON THE FAMILY ACTION, INC.  | ر<br>ا                                  | 100,000.                   |
| (2) FOCUS ON THE FAMILY ACTION, INC.  |   | 380,713.                   |
| (3) FOCUS ON THE FAMILY ACTION, INC.  | b                                       | 239,143.                   |
| (4) FOCUS ON THE FAMILY ACTION, INC.  | K                                       | 1,524,362.                 |
| (5) FOCUS ON THE FAMILY ACTION, INC.  | H                                       | 58,710.                    |
| (6) FOCUS ON THE FAMILY ACTION, INC.  | z                                       | 3,752,328.                 |
| 832163 12-23-08   | Schec                                   | Schedule R (Form 990) 2008 |

Part VI Unrelated Organizations Taxable as a Partnership

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)<br>Name, address, and EIN  | (B) Primary activity                    |                               | (D) Are all partners | (E)<br>Share of end-of-                 | (F)<br>Dispropor- | ( <b>a</b> )   | (H)<br>General or |
|--|---|-------------------------------|----------------------|---|-------------------|--|-------------------|
| of entity  |   | (state or foreign<br>country) | organizations?       | year assets                             |                   | of Schedule K-1<br>(Form 1065)   | partner?          |
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Schedule R (Form 990) 2008

| Part V | Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

| (A) Name of other organization       | (B) Transaction type (a-r)   | (C)<br>Amount involved   |
|--------------------------------------|--|--|
| (7) FOCUS ON THE FAMILY ACTION, INC. | 0  | 230,230.   |
| (8)                                  |  | Halland Hallandeller, about terrende in sterrende in sterrende in sterrende in sterrende in sterrende in sterre  |
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|                                      | Schedul  | Schedule R-1 (Form 990) 2008   |

Forma **8868** (Rev. April 2009)

Department of the Treasury internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

File a separate application for each return.

| lf yo                        | u are filing for an Automatic 3-Month Extension, complete only Part I and check this box   |                       |                 | ▶ X              |
|------------------------------|--|-----------------------|-----------------|------------------|
| lf yo                        | are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this t   | orm).                 |                 |                  |
| Do not                       | complete Part II unless you have already been granted an automatic 3-month extension on a previously file  | ed Forn               | n 8868.         |                  |
| Part                         | Automatic 3-Month Extension of Time. Only submit original (no copies needed).  |                       |                 |                  |
| ∆ corn                       | oration required to file Form 990-T and requesting an automatic 6-month extension - check this box and com   | plete                 |                 |                  |
|                              | nty  |                       |                 | . ▶ □            |
| All othe                     | er corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an<br>noome tax returns.   | extens                | ion of time     |                  |
| noted I<br>(not au<br>vou mu | onic Filing (e-file). Generally, you can electronically file Form 8868 If you want a 3-month automatic extension below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronic tomatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or corposite the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic files, gov/efile and click on e-file for Charities & Nonprofits.  | cally II (<br>Isolida | 1) you want th  | e additional     |
| Туре                         | Name of Exempt Organization  | Emple                 | yer identifica  | tion number      |
| print                        | HOGING ON MUH HANTIY   | o r                   | 5-318815        | in.              |
| File by th                   | FOCUS ON THE FAMILY  | 3:                    | ) <u>2T00T</u>  |                  |
| due date<br>filing you       | ·   8605 EXPLORER DRIVE  |                       |                 |                  |
| return, S<br>Instructio      | City, town or post office, state, and ZIP code. For a foreign address, see instructions.   |                       | ·····           |                  |
|                              | COLORADO SPRINGS, CO 80920-1049  |                       |                 |                  |
| Check                        | type of return to be filed(file a separate application for each return):   |                       |                 |                  |
|                              | parameters produced to the parameter produce | 20                    |                 |                  |
|                              | Form 990 Form 990-T (corporation) Form 47  |                       |                 |                  |
|                              | Form 990-EZ Form 990-T (trust other than above) Form 60  |                       |                 |                  |
|                              | Form 990-PF Form 1041-A Form 88  |                       |                 |                  |
|                              |  |                       |                 |                  |
|                              | FOCUS ON THE FAMILY  |                       |                 |                  |
| • The                        | books are in the care of > 8605 EXPLORER DRIVE - COLORADO SPRINGS,   | CO                    | 80920-3         | .049             |
| Tel                          | ephone No. ▶ 719-531-3400 FAX No. ▶  |                       |                 |                  |
| • If th                      | ne organization does not have an office or place of business in the United States, check this box  |                       | 41              |                  |
| • If the                     | his is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  | is is for             | the whole gro   | up, check this   |
| box 🖡                        | If it is for part of the group, check this box 🕨 🔲 and attach a list with the names and EINs of all  | memb                  | ers the extensi | on Will Cover.   |
|                              | I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time uni  |                       |                 |                  |
| 1                            | MAY 15, 2010 , to file the exempt organization return for the organization named a   | <br>above. i          | The extension   |                  |
|                              | is for the organization's return for:  |                       |                 |                  |
|                              | calendar year or   |                       |                 |                  |
|                              | X tax year beginning OCT 1, 2008 , and ending SEP 30, 2009   |                       | •               |                  |
| 2                            | If this tax year is for less than 12 months, check reason: initial return Final return   |                       | Change in acc   | ounting period   |
| -                            | transition from the following the first terms of th |                       |                 |                  |
| 3a                           | If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any  |                       |                 |                  |
|                              | nonrefundable credits. See Instructions.   | 3a                    | \$              |                  |
| b                            | If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated  | 0.                    |                 |                  |
|                              | tax payments made, include any prior year overpayment allowed as a credit.   | 3b                    | \$              |                  |
| c                            | Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,  | I NOT                 |                 |                  |
|                              | deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).   | 3c                    | \$              | N/A              |
| <u> </u>                     | See Instructions.  |                       |                 |                  |
| Caut                         | ion. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Forn   | 18879                 | EO for paymer   | nt instructions. |
| LHA                          | For Privacy Act and Paperwork Reduction Act Notice, see Instructions.  |                       | Form 80         | 368 (Rev. 4-200  |
|                              |  |                       |                 |                  |