INTERNATIONAL INSTITUTE FOR CHRISTIAN STUDIES

Form 990 For the Year Ended June 30, 2011

(For Public Inspection)

** PUBLIC DISCLOSURE COPY **

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

The organization may have to use a copy of this return to satisfy state reporting requirements.

2010 Open to Public Inspection

OMB No. 1545-0047

A For the 2010 calendar year, or tax year beginning JUL 1, 2010 and ending JUN 30, Check if applicable: C Name of organization D Employer identification number International Institute for Address change Christian Studies 56-1627401 Doing Business As Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin-10100 W. 87TH ST. 303 913-962-4422 Amended return 2,010,297. City or town, state or country, and ZIP + 4 G Gross receipts \$ Applica-Overland Park, KS 66212 H(a) Is this a group return pending F Name and address of principal officer:Daryl McCarthy Yes X No for affiliates? 10100 W 87TH ST, Overland Park, KS H(b) Are all affiliates included? Yes No I Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or □ If "No," attach a list. (see instructions) J Website: ► WWW.IICS.COM H(c) Group exemption number K Form of organization: X Corporation Association Other > L Year of formation: 1988 M State of legal domicile; NC Part I | Summary Briefly describe the organization's mission or most significant activities: To establish and staff Christian Activities & Governance studies departments and place Christian professors who teach a Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 12 10 Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2010 (Part V, line 2a) 20 13 Total number of volunteers (estimate if necessary) 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 0. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 1,963,849. 1,859,787. Revenue 142,446. 156,884. 9 Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) <u>1,566.</u> 1,179. 10 -105.-563. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,122,194. 2,002,849. 1,036,930. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1,052,040. 0. Benefits paid to or for members (Part IX, column (A), line 4) 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 593,169. 701,459. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 357,169 364,324. 1,987,268. 2.117.823. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 134,926. -114,974. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 852,555. Total assets (Part X, line 16) 753,341. 76,330. 21 Total liabilities (Part X, line 26) 92,090. 776,225 661,251. Net assets or fund balances. Subtract line 21 from line 20. Part II | Signature Block Under penalties of perjury, I dectare that I have examined this return, ipcluding accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer tother than officery is based on all information of which preparer has any knowledge. Signature of office) Sign Daryl McCarthy, President Here Type or print name and title Check PTIN Print/Type preparer's name Preparer's signature self-employed Paid John A. Parrish John A. Parrish Preparer Firm's name **KELLER & OWENS, LLC** Firm's EIN Firm's address ▶ 10955 LOWELL AVE, STE 800 Use Only OVERLAND PARK, KS 66210 Phone no. (913) 338-3500 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes Form 990 (2010)

Form 8868 (Rev. January 2011) Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

, ● if you a	re thing for an Automatic 3-Month Extension, comple	ete only P	art I and check this box			<u> </u>
• If you a	re filing for an Additional (Not Automatic) 3-Month E	xtension,	complete only Part II (on page 2 of thi	s form	1).	
Do not co	omplete Part II unless you have already been granted	an automa	atic 3-month extension on a previously	filed F	orm 8868.	
Electroni	c filing (e-file). You can electronically file Form 8868 if	you need	a 3-month automatic extension of time	to file	(6 months for	a corporation
required t	o file Form 990-T), or an additional (not automatic) 3-mo	onth exten	sion of time. You can electronically file	Form	8868 to reques	st an extension
of time to	file any of the forms listed in Part I or Part II with the ex	ception o	f Form 8870, Information Return for Tra	nsfers	Associated W	/ith Certain
Personal (Benefit Contracts, which must be sent to the IRS in pa	per format	(see instructions). For more details on	the el	ectronic filing c	of this form
visit www.	irs.gov/efile and click on e-file for Charities & Nonprofit	s.	(· · · · · · · · · · · · · · · · · · ·	tero ch	soutonic ming o	i tilis lottit,
Part I	Automatic 3-Month Extension of Tim		Ibmit original (no copies needed)			
A corpora	tion required to file Form 990-T and requesting an auto			nnlat.		
Part I only						
All other c	orporations (including 1120-C filers), partnerships, REN me tax returns.	11Cs, and t	trusts must use Form 7004 to request a	n exte	ension of time	
Type or	Name of exempt organization			T		
print	International Institute fo	r		Em	ployer identifi	cation number
print	Christian Studies	L		١.		
File by the] ;	56-16274	101
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s 10100 W. 87TH ST., No. 303	ee instruc	tions.			
instructions.	City, town or post office, state, and ZIP code. For a forest overland Park, KS 66212	oreign add	dress, see instructions.		.,	
1						
Enter the F	Return code for the return that this application is for (file	a ecoaro	te application for each satural			0 1
	total account the receit that this application is for the	= a separa	te application for each return)		*.*******************	0 1
Applicatio	ri e	D-4	A - 11 - 11 - 11 - 11 - 11 - 11 - 11 -			
Is For		Return	Application			Return
		Code	Is For			Code
Form 990	21	01	Form 990-T (corporation)			07
Form 990-l		02	Form 1041-A			08
Form 990-i		- 03	Form 4720			09
Form 990-I		04	Form 5227			10
	Г (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-1	(trust other than above)	06	Form 8870			12
	KRISTIN POZNIA					- 11 - 11 - 11
 The boo 	oks are in the care of \blacktriangleright 10100 W. 87TH S	ST., S	SUITE 303 - OVERLAND	PA	ARK, KS	66212
Telepho	ne No. ► 913-962-4422		FAX No. ▶			
If the or	ganization does not have an office or place of business	in the Un	ited States, check this box			▶ □
If this is	for a Group Return, enter the organization's four digit	Group Exe	mption Number (GEN) If th	is is fo	or the whole an	oup, check this
box 🕨	. If it is for part of the group, check this box	and attac	ch a list with the names and FINs of all	mem	ers the extern	slon is for
1 I requ	uest an automatic 3-month (6 months for a corporation	required t	o file Form 990-T) extension of time unt	ji ji	10 GAGETS	1011 to 101.
Ŧ	February 15, 2012 , to file the exempt	Organizat	ion return for the organization named a	hove	The extension	
is for	the organization's return for:	. organizat		bove.	me extension	
▶ [calendar year or					
5	tax year beginning JUL 1, 2010					
- 12	= can year beginning OOD I, ZOIO	, and	d ending <u>JUN</u> 30, 2011		·	
2 If the	toy your extensed in the second in the					
- IT THE	tax year entered in line 1 is for less than 12 months, ch	neck reasc	on: Initial return Fina	l retur	'n	
L	Change in accounting period					
0						
	application is for Form 990-BL, 990-PF, 990-T, 4720, o	r 6069, en	iter the tentative tax, less any		1	
	fundable credits. See instructions.			3a	\$	0.
b If this	application is for Form 990-PF, 990-T, 4720, or 6069, 6	enter any r	efundable credits and			
	ated tax payments made. Include any prior year overpa			3b	\$	0.
	ce due. Subtract line 3b from line 3a. Include your pay					
	ing EFTPS (Electronic Federal Tax Payment System). S			3c	\$	0.
	you are going to make an electronic fund withdrawal w					
	Paperwork Reduction Act Notice, see Instructions.	<u> </u>	in 5505, 300 i onti 0455 EO and Form	no (A.		
					1 01711 666	68 (Rev. 1-2011
023841 01-03-11						

					Page 2
Form 8868 (Rev. 1-2011)		amplete only Part II and check this h	OX		X
If you are filing for an Additional (Not Automatic) 3-Month	Extension, c	emptete offly Part II and check this b	5 Form 8	868	
Note. Only complete Part II if you have already been granted a	n automatic c	-t Longrape 1)	, , 01111 0	500.	
• If you are filing for an Automatic 3-Month Extension, comp Part II Additional (Not Automatic) 3-Month	Extension	of Time. Only file the original (no.	onies ne	eeded).	
	LXICIISIO	101 Time. Oray me are original (no c		over identification	number
Name of exempt organization Type or International Trestitute for			Limpic	yer identification	(((() () () () ()
hurernacional inscience to	I.		56	5-1627401	
CILLISCIAN SCUCIES			1. 30	7 102/401	
extended Number, Street, and room of suite no. if a r.o. box		เดกร.			
due date for 10100 W. 87TH ST., No. 303	r : .1.1	in the otions		1. h. h. H. a. — 177	
filing your return. See City, town or post office, state, and ZIP code. For instructions.	a foreign add	ress, see instructions.			
instructions Overland Park, KS 66212					
		P. C. Francisk until 1993			0 1
Enter the Return code for the return that this application is for	(file a separat	te application for each return			(2 1 = 1
					Return
Application	Return	Application			Code
<u>ls For</u>	Code	Is For		**********	- 0000
Form 990	01	C	٠		08
Form 990-BL	02	Form 1041-A			09
Form 990-EZ	01	Form 4720			10
Form 990-PF	04	Form 5227			11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			12
Form 990 T (trust other than above)	06	Form 8870	uely file	d Form 8868	
STOP! Do not complete Part II if you were not already gran	ted an auton	gatic 3-month extension on a previo	usty me	a r om coog.	
• The books are in the care of ▶ KRISTIN POZNI 10100 W. 87TH	AA. rom (CTITUE 303 - OVERIAN	n PA	RK. KS 66	212
• The books are in the care of TULUU W. 87111	1 31.	FAX No. ►			
Telephone No. ► 913-962-4422 • If the organization does not have an office or place of busing the second	- again tha Ur			•	
and the second s	eit Group Eve	emption Number (GEN)	his is for	the whole group.	check this
	git Gloop CA	uch a list with the names and FINs of a	ıll memb	ers the extension i	s for.
the state of the s	and are	15 2012			
and the second s		2010 and ending	JUN	30, 2011	
	s check reas	on: Initial return] Final re	eturn	
6 If the tax year entered in line 5 is for less than 12 month. Change in accounting period	a, cheat roug				
7 State in detail why you need the extension ADDITIONAL INFORMATION IS NE	EDED T	O FILE A COMPLETE A	ND A	CCURATE	ww.,
RETURN.					
IVII TORIN .					
8a If this application is for Form 990-BL, 990-PF, 990-T, 472	20. or 6069, e	inter the tentative tax, less any			
nonrefundable credits. See instructions.	,		_8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 60	69, enter any	refundable credits and estimated			
tax payments made. Include any prior year overpaymen	t allowed as	a credit and any amount paid			
previously with Form 8868.			8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include you	r payment wi	th this form, if required, by using			
EFTPS (Electronic Federal Tax Payment System). See in			8c	\$	0.
Sig	gnature ar	nd Verification		•	
Under penalties of perjury, I declare that I have examined this form, in it is true, correct and complete, and that I am authorized to prepare the	- cluding accom _l	panying schedules and statements, and to	the best o	of my knowledge and	belief,
	► CPA		Date	- H13/12	<u> </u>
Signature				Form 8868 (Rev. 1-2011)
/					

for Institute Form 990 (2010) Christian Studies Part III Statement of Program Service Accomplishments International

Page 2

56-1627401

811.) × Yes X No Yes X No professors Form 990 (2010) t° of and resources and by placing the university and beyond ы В leaders They 146, relationships outside with ψ Studies teaching thousands may Christian worldview. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and of the university full-time 1,052,040.)(Revenue \$ impact the world by developing godly (Revenue \$ Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.) (Revenue \$ and over time the culture every sector of society by providing key universities Christian Did the organization cease conducting, or make significant changes in how it conducts, any program services?. Did the organization undertake any significant program services during the year which were not listed on 45 allocations to others, the total expenses, and revenue, if any, for each program service reported. students and faculty colleagues, 1,616,472. including grants of \$ 1,05 for) (Revenue \$ Sand its affiliate organization have pla 20 nations serving in many universities, The mission of the International Institute the needs inincluding grants of \$ including grants of \$ teaching their fields from a both services Check if Schedule O contains a response to any question in this Part III News professors serve transformed 1,616,472 North America with educational Good including grants of \$ changed as well If "Yes," describe these new services on Schedule O. the if "Yes," describe these changes on Schedule O. Other program services. (Describe in Schedule O.) and Briefly describe the organization's mission:) (Expenses \$ and share are) (Expenses \$) (Expenses \$ to God Total program service expenses lives IICS the prior Form 990 or 990-EZ? pray for their bring glory excellence, and with them, Individual students. renewed(Expenses \$ IICS OK 4b (Code: (Code: 4a Q ന 4q 46 4_c

Form 990 (2010)

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	Х	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or 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
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, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10	1,777,124,11	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.	1000	प्रशिक्ष संभ	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		3.7	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	441.		х
С	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b		
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d		110		21
<u>.</u>	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Х	
13	Is the organization a school 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 United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			37
47	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			w
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10		X
19	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		
13	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			**
	operate one or more hospitals must attach audited financial statements (see instructions)	20b	ļ	
				

Form 990 (2010) Christian Studies
Part IV Checklist of Required Schedules (continued)

	, , , , , , , , , , , , , , , , , , ,		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		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 lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X	
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
-	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
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?			İ
-	If "Yes," complete Schedule N, Part I	31		X
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		X
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)?	35		X
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
-	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
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		X
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
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	x	
				2010

O10) Christian Studies
Statements Regarding Other IRS Filings and Tax Compliance Part V

	Check if Schedule O contains a response to any question in this Part V	·····		
1.	Enter the number reported in Day 2 of Farms 1000 Fee and 1000 Fee		Yes	No
b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a Content the number of Forms W.C. included in line to Forms 0.1% and 10 content to 10 conte			
	10	4		
	a substantial transfer in the portable payments to vendors and reportable darning			
22	(gambling) winnings to prize winners?	1c		1
2.0	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
b	filed for the calendar year ending with or within the year covered by this return 2a 20	4. 👯		
, L	returns?	2b	X	
20	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
b	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	The first of the four in the provide an explanation in Schedule O	3b		
-+a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a		ŀ	
b	financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	4a		X
D				
5a	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
b	a many is a promoted tax choice danageton at any time duling the tax year?	5a	<u> </u>	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	_5b		X
c 6a	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c_		
Va	Silver than ground that wronger and the organization solicit		İ	ĺ
h	any contributions that were not tax deductible?	6a		X
Б	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
7		6b		
a	Organizations that may receive deductible contributions under section 170(c).	13		188.89
b	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
C	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	<u></u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
d	to file Form 8282?	7c	fig. 1. a a s	X
e	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any finds, discath as indicath, as indi			Physical Control
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	•	X
g	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	7h		. 10,00
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		4 1997 4	HAR.
9	Sponsoring organizations maintaining donor advised funds.	8		
	Did the organization make any taxable distributions under section 4966?		1.4550.3	1834
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9a		
10	Section 501(c)(7) organizations. Enter:	9b		
а	Initiation food and conited contributions in that the Dr. 1988 P.			
b	Gross regaints, included on Form COO, Dest VIII, Europe CO, Co. C.			
11	Section 501(c)(12) organizations. Enter:			
а				
b	Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them			
12a	Section 4947(a)(1) non-exampt charitable trusts is the examplation filing Form 900 in line (F. 1944)		A E SEE	9370
b	If "Yes" enter the amount of tax exempt interest as a first	12a	1 1 1 1	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified booth plane in acceptance of the control of the			<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	Organization in licensed to increase well-set by the set			
c	there the amount of recenses on hand			
14a	VIO THE Organization receive any neumants for indeed to the		2000	v
b	If "Yes," has it filed a Form 720 to report those payments? If "No." provide as a sufficient in a first in a f	14a	+	X
	Typical an explanation in Schedule C	14b		

Christian Studies Form 990 (2010)

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

	Check if Schedule O contains a response to any question in this Part Vi					LX.
Sec	tion A. Governing Body and Management				ı	
		ı	ı		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		12		
b	Enter the number of voting members included in line 1a, above, who are independent			<u>10</u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with	any other	- Parishal		
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e dire	ct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?			3_		X_
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	as filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?	***************************************	5		X
6	Does the organization have members or stockholders?			6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more me	mber	s of the	4		
	governing body?			7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other per	sons?	}	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken	during	g the year			
	by the following:					STEED!
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched .	at the	, and the same of		
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenu	e Code.)			
					Yes	No
10a	Does the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such	chapt	ers, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?			10b		<u> </u>
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before fil	ling th	ie form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				14.10	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	ļ
b	Are officers, directors or trustees, and key employees required to disclose annually interests that cou	ıld giv	e rise			
	to conflicts?			12b	X	<u> </u>
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	'Yes, "	describe	İ		
	in Schedule O how this is done			12c	X	
13	Does the organization have a written whistleblower policy?			13	Х	
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 approve	al by ir	ndependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			70 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1, 13, 4	. 15-4-19
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	X	
	If "Yes" to line 15a or 15b, 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 arrangement	nent v	with a		14.30	
	taxable entity during the year?			16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eval	luate i	its participation	200 1970 200 1970 200 1970		
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organic	anizati	ion's	1995 E	100	
	exempt status with respect to such arrangements?			16b		<u> </u>
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ►AL, AZ, AR, CA, C	0,0	T,DE,FL,	GA,IL	,KS	, KY
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 for		
	public inspection. Indicate how you make these available. Check all that apply.					
	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	t of interest polic	y, and 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	nization: 🕨		
	KRISTIN POZNIAK - 913-962-4422					
	10100 W. 87TH ST., SUITE 303, OVERLAND PARK, KS 6	621	.2			
03200	6			Form	990	(2010)
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International Institute for

Christian Studies

Form 990 (2010)

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Page 7

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

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

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

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

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

Check this box if neither the organization	nor any related	org	aniz	atior	ı co	mpe	nsa	ted any current officer,	director, or trustee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average				sition			Reportable	Reportable	Estimated
	hours per		1	k all	Il that apply)		oly)	compensation	compensation	amount of
	week (describe	ector		İ				from the	from related	other
	hours for	Individual trustee or director	يو			ated		organization	organizations (W-2/1099-MISC)	compensation from the
	related	ustee	truste		100	pens	Ì	(W-2/1099-MISC)	(112) 1000 111100)	organization
	organizations	ual tr	Honai		ploye	t com		,		and related
	in Schedule	ndivid	institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	O)	↓_	_	<u> </u>	Ľ		<u> </u>			
Danny McCain	40.00							27.000	_	
Founder/Int'l Director	40.00	X	1	-	-	-	<u> </u>	37,230.	0.	2,685.
Daryl McCarthy	40.00								_	
President	40.00	X	ļ	X	-	╀-	_	90,244.	0.	4,942.
Brian Burnett								_		
Treasurer	5.00	X	<u> </u>	X	<u> </u>	-		0.	0.	0.
Sherry Chance	1									
Director	1.00	X	-				<u> </u>	0.	0.	0.
Richard Leong								_		
Secretary	3.00	Х	<u> </u>	X		1	<u> </u>	0.	0.	0.
Harro Van Brummelen										
Director CSI	2.00	X	ļ					0.	0.	0.
Kathleen Mays										
Director	2.00	X			<u> </u>	ļ.,		0.	0.	0.
Letta Jean Taylor								_		
Chairperson	4.00	X				<u> </u>		0.	0.	0.
Jim Youngsman								_		
Director	2.00	X	-			ļ		` 0.	0.	0.
Jon Hogg								_		
Director	1.00	X						0.	0.	0.
Mary Schimmels	, , , ,									
Director	1.00	X						0.	0.	0.
Leroy Yates	4 00							_		
Director	1.00	X						0.	0.	0.
]		
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							ļ			
				- 1		lÌ		1		

Pai	TVII Section A. Officers, Directors, Tru	istees Kev Fr	nnla			nd l	-liah	oet	Compensated Employ	rees (continued)	<u>, 0 2 7</u>	1 01	Page
<u> </u>	(A) Name and title	(B) Average hours per			(C Posi	C) ition			(D) Reportable compensation	(E) Reportabl	e	Estir	F) nated unt of
		week (describe hours for related organizations in Schedule	istee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from relate organizatio (W-2/1099-M	d ns	ot compe fron organ and r	her ensation n the ization elated zations
		O)	ipuj	Inst	₩o	Key	Hig	For				,	
													-
<u> </u>													
1b	Sub-total						>		127,474.		0.	7	627.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)						>		127,474.		0.	7	0. 627.
	Total number of individuals (including but no compensation from the organization) wh	o re		,000 in reportab			0
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for so									-	[Ye	
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportable 1,000? If "Yes,"	e co ' <i>cor</i>	mpe nple	nsat te S	tion che	and dule	oth <i>J fc</i>	or such individual	he organization		3 4	X
5 Sec	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," comp tion B. Independent Contractors							late	ed organization or individ	dual for services		5	X
1	Complete this table for your five highest corthe organization. NONE	npensated ind	epe	nder	nt co	ontra	actor	s th	nat received more than S	\$100,000 of con	npensa	ition fron	n
	(A) Name and business	address						-	(B) Description of se	ervices	Co	(C) ompensa	tion
											<u></u>		
2	Total number of independent contractors (ir \$100,000 in compensation from the organiz		ot lin	nited	l to t	hos 0	e list	ed a	above) who received mo	ore than			

Page 1 a Federated carmpiligns	P	art V	III Statement of Reve	nue					
Description Description							Related or exempt function	Unrelated business	excluded from tax under sections 512.
2 s Administrative fee inc b Conference registratio c Conference registratio 611710 199,303. 109,303. 611710 33,143. 33,143. 4 Income (recturing dividends, interest, and other similar amounts) 4 Income from investment of tax excempt bord proceeds 5 Royalties 6 a Gross Rents 6 b Less: rental expenses 6 c Rental income or (loss) 7 a Gross amount from sakes of assets other than inventory b Less: cost or other basis and sales expenses 6 Gain or (loss) 8 a Gross income from fundralising events (not including \$ 10,325. or contributions reported on line 1c). See Part V, line 19 a 2,520. 9 a Gross income from gaming activities. See Part W, line 19 a 1,325. or contributions reported on line 1c). See Part W, line 19 a 2,520. 9 a Gross income from gaming activities. See Part W, line 19 a 4,365. 9 a Gross assets of inventory, less returns and allowances 9 b Less: cost of cycles sold 9 b Less: cost of cycles sold 9 c Not income or (loss) from fundralising events 10 a Gross assets of inventory, less returns and allowances 9 b Less: cost of cycles sold 9 c Not income or (loss) from sales of inventory Miscellancous Revenue 11 a b 1 c 1 c 1 c 1 c 1 c 1 c 1 c 1 c 1 c 1	tt st	1 :							
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Total, Add lines 2a2f	ş	23							
Total, Add lines 2a2f	e G	į k			<u> 911/10</u>	33,143	. 33,143.		
Total, Add lines 2a2f	۳.	۹ (
Total, Add lines 2a2f	e a	٠	d						
Total, Add lines 2a2f	õ	•					<u></u> .		
Trivestment income (including dividends, interest, and other similar amounts) 1,179 1,179	Δ.	, '							
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A Income from investment of tax-exempt bond proceeds FRoyalties 0) Real 0) Personal		3							
A Income from investment of tax-exempt bond proceeds FRoyalties 0) Real 0) Personal			other similar amounts)			1,179	·		1.179.
The state of the s		4	Income from investment of ta	x-exempt bond	proceeds				, , , , , ,
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6 a Gross Rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net agin or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$\frac{1}{2}\$ 10, 325. of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Rent income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses 10 a Gross sales of inventory, less returns and allowances and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a b c d All other revenue e Total, Add lines 11a.11d c d Total revenue. See instructions 12 Total revenue. See instructions 14 6, 811. 15 Countries (ii) Other (iii) Othe								William No.	Paget, Waltage.
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Form 990 (2010) Christian Studies Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must co	c)(3) and 501(c)(4) organiza mplete column (A) but are	ations must complete al anot required to comple	l columns. te columns (B) (C) and .	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				expenses
	organizations in the U.S. See Part IV, line 21	1,033,394.	1,033,394.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16	18,646.	18,646.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				- 11 - 11 - 11 - 11 - 11 - 11 - 11 - 1
	trustees, and key employees	135,860.	66,092.	49,834.	19,934.
6	Compensation not included above, to disqualified			•	
	persons (as defined under section 4958(f)(1)) and	İ		•	
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	477,188.	244,180.	215,229.	17,779.
8	Pension plan contributions (include section 40 f(k)				
	and section 403(b) employer contributions)	13,409.	5,086.	7,844.	479.
9	Other employee benefits	36,745.	25,890.	9,413.	1,442.
10	Payroll taxes	38,257.	19,995.	15,891.	2,371.
11	Fees for services (non-employees):				
а	Management				
b	Legal				
c	Accounting	10,707.		10,707.	
d	9				
е	Professional fundraising services. See Part IV, line 17		e e de de la composición dela composición de la composición de la composición de la composición dela composición dela composición dela composición de la composición de la composición dela composición de la composición dela composición dela composición dela composición dela composición dela composición dela composición dela composición dela composición dela composición d		
f	Investment management fees				
g		9,079.	8,548.	41.	490.
12	Advertising and promotion	450.	90.	180.	180.
13	Office expenses	94,943.	48,013.	29,504.	17,426.
14	Information technology	26,347.	11,130.	12,650.	2,567.
15	Royalties				
16	Occupancy	33,282.	<u>6,736.</u>	23,228.	3,318.
17	Travel	60,080.	47,179.	8,967.	3,934.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	89,669.	75,421.	6,427.	7,821.
20	Interest	9,686.	43.	9,643.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	9,674.		9,674.	
23	Insurance	10,650.	2,136.	7,449.	1,065.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line				
	24f amount exceeds 10% of line 25, column (A)				
	amount, list line 24f expenses on Schedule 0.)				
а	Dues & subscriptions	5,811.	682.	4,980.	149.
b	Miscellaneous	1,927.	1,261.	277.	389.
С	Educational services	1,550.	1,550.		
	Recruitment	400.	400.		
е	Taxes & licenses	69.		69.	
	All other expenses				
<u>25</u>	Total functional expenses. Add lines 1 through 24f	2,117,823.	1,616,472.	422,007.	79,344.
26	Joint costs. Check here ► X if following SOP		Ī		
	98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a				
	combined educational campaign and fundraising				
	solicitation	125,484.	87,188.	13,274.	25,022.

					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			269,469.	1	258,043.
	2	Savings and temporary cash investments			136,860.	2	454,216.
	3	Pledges and grants receivable, net			54,295.		12,260.
	4	Accounts receivable, net				4	414.
	5	Receivables from current and former officers, di					
		employees, and highest compensated employer of Schedule L	•			5	
	6	Receivables from other disqualified persons (as				M.	
		4958(f)(1)), persons described in section 4958(c					
		employers and sponsoring organizations of sect		•			
		employees' beneficiary organizations (see instru			A TO THE STREET STREET AND THE	6	
ets	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			3,735.		3.736.
`	9	Done and company and during an dual con-			19,340.	9	3,736. 7,342.
	10a					Partie.	
		basis. Complete Part VI of Schedule D	10a	122,054.			
ĺ	b	Less: accumulated depreciation		109,999.	16,064.	10c	12,055.
	11	Investments - publicly traded securities			347,517.		
	12	Investments - other securities. See Part IV, line			2,500.	12	2,500.
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	2,775.	15	2,775.		
	16	Total assets. Add lines 1 through 15 (must equa			852,555.	16	753,341.
	17	Accounts payable and accrued expenses	35,846.	17	41,336.		
	18	Grants payable				18	
	19	Deferred revenue			23,366.	19	2,579.
	20	Tax-exempt bond liabilities				20	
es	21	Escrow or custodial account liability. Complete I				21	
Liabilities	22	Payables to current and former officers, director					
g		highest compensated employees, and disqualification	ed perso	ns. Complete Part II			
-		of Schedule L				22	
		Secured mortgages and notes payable to unrela			4,984.	23	1,487.
Ì		Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities. Complete Part X of Schedule D			12,134.	25	46,688.
\dashv	26	Total liabilities. Add lines 17 through 25		77	76,330.	26	92,090.
		Organizations that follow SFAS 117, check he	ere 🟲	LX and complete			
Ses		lines 27 through 29, and lines 33 and 34.			450 270		445 500
a a		Unrestricted net assets			450,370.	27	415,503.
Ba		Temporarily restricted net assets			325,855.	28	245,748.
흑	29			e ▶ ☐ and		29	
[Organizations that do not follow SFAS 117, cl					
ည္	20	complete lines 30 through 34.				^^	
Net Assets or Fund Balances		Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or eq				30	
¥		Retained earnings, endowment, accumulated in				31 32	
<u>v</u>		Total net assets or fund balances			776,225.	33	661,251.
~		recorder aggree of third databates			110,443.	აა	l OOT'Q⊃T*

Form **990** (2010)

Pai	rt XI Reconciliation of Net Assets		<u> </u>		gu				
	Check if Schedule O contains a response to any question in this Part XI	**************							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,00	2,8	49.				
2									
3									
4									
5	Other changes in net assets or fund balances (explain in Schedule O)	5		<u>6,2</u>	0.				
6_	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	66	1,2	51.				
Pai	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response to any question in this Part XII								
				Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х				
b	Were the organization's financial statements audited by an independent accountant?			Х					
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of tr								
	review, or compilation of its financial statements and selection of an independent accountant?		2c	х					
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				Ç LAL				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue		1 R 7 R -33 5 6 8 M		in value				
	separate basis, consolidated basis, or both:								
	Separate basis X Consolidated basis Both consolidated and separate basis								
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			:				
	Act and OMB Circular A-133?		3a		Х				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit							
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b						
			Form	990 (2	2010)				

EDULE A 990 or 990-EZ)

it of the Treasury anue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

Open to Public Inspection

the organization Inte

International Institute for

Employer identification number

Reason for Public Charity Status (All organizations must complete this part) See instructions. Reason is not a private foundation because it is: (For lines 1 through 11, oheck only one box.) A plunch, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). Reason of a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A institution of a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A institution 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.) Refearch state, or local government or governmental unit described in section 170(b)(1)(A)(iv). A norganization 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)(iv). (Complete Part III.) A community fust described in section 170(b)(1)(A)(iv). (Complete Part III.) A community trust described in section 170(b)(1)(A)(iv). (Complete Part III.) A community trust described in section 170(b)(1)(A)(iv). (Complete Part III.) A community trust described in section 170(b)(1)(A)(iv). (Complete Part III.) A community trust described in section 170(b)(1)(A)(iv). (Complete Part III.) A community trust described in section 170(b)(1)(A)(iv). (Complete Part III.) A community trust described unit severpt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross receipts from sprivities related to its exempt functions or subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross receipts from sprivities related to its exempt functions or 100(b) (a) (a) (a) (a) (a) (a) (a) (a) (a) (a	of the Can	Christia	an Studies						56	<u>-1627</u>	401	
action is not a private foundation because it is: (For lines 1 through 11, check only one box.) A chroch convention of churches, or association of churches described in section 170(b)(1)(A)(ii). A chroot described in section 170(b)(1)(A)(iii). Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, viv, 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)(V). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(V). A community trust described in section 170(b)(1)(A)(V). (Complete Part II.) A community trust described in section 170(b)(1)(A)(V). (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 Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 1 through 11h. a Type II	Reason f	or Public Chari	tv Status (All organiz	ations mus	st complet	e this part	.) See inst	ructions.				
A church, controlled in section 170(b)(1)(A)(ii), (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii), A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii), Enter the hospital's name, alty, 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)(v). (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 cartain 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 Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a	ation is not a	private foundation b	ecause it is: (For lines 1	through 1	1, check o	only one be	ox.)					
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a Type I b Type II c Type III - Functionally integrated d Type III - Other 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). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization (described on lines 1-9 above or IRC section) (iv) Is the organization in col. (i) organization in col. (i) organization in col. (i) organization in col. (i) organization in col. (i) organization in col. (i) organization in col. (i) organization in col. (i) organization in col. (i) organization in col. (i) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iiii) organization in col. (iiii) organization in col. (iiii) organization in col. (iiii) organization in col. (iiii) organization in col. (iiiii) organization in col. (iiiii) organization in col. (iiiiii) organization in). See See	Jeoc non-	aj(o). Onec	K trie box	triat	
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(ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). Name of supported organization (iii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (iv) Is the organization (v) Did you notify the organization in col. (i) organization in col. (ii) of your support? (iv) Is the organization in col. (ii) of your support? (iv) Is the organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (iii) organization in col. (iv) organ										11g(i)	<u> </u>	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). Name of supported organization (iii) EIN (iii) Type of organization (v) Did you notify the organization in col. (i) listed in your organization in col. (i) organization in col. (i) organization in col. (i) organization in col. (i) organization in col. (i) organization in col. (i) organization in col. (i) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (iiii) organization in col. (iiiiiii) organization in col. (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii										11g(ii)	<u> </u>	
Provide the following information about the supported organization(s). Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify the organization in col. (i) isted in your organization in col. (i) organization in col. (i) organization in col. (i) organization in col. (i) organization in col. (i) organization in col. (i) organization in col. (i) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col.)	
Name of supported organization organization (ii) EIN (iii) Type of organization organization (in cot. (i) listed in your organization in cot. (i) of your support? (iv) Is the organization in cot. (i) organization in cot. (i) organization in cot. (i) organization in cot. (ii) organization in cot. (ii) organization in cot. (ii) organization in cot. (ii) organization in cot. (ii) organization in cot. (iii) Amount of support	900G8300000	-										
organization organization organization organization organization organization organization organization organization in col. (i) organization in col. (i) organization in col. (i) organization in col. (i) organization in col. (i) organization in col. (i) organization in col. (i) organization in col. (i) organization in col. (i) organization in col. (ii) organization in col. (iii) organization in col. (iv												
above or IRC section governing document? (i) or your support? U.S.?	Name of supported	(ii) FIN		(iv) Is the c	organization	(ν) Did yοι	ı notify the	(vi) Is	the	(vii) Ar	mount c	of
above or IRC section governing document? (1) or your support? U.S.?		(11) = 11.		, , ,	_			(i) organiz	ed in the	sur	port	
(see instructions)) Yes No Yes No Yes No				governing					,			
			(see instructions))	Yes	No	Yes	No	Yes	No			
									-			
	<u> </u>											
								-				
			ļ									
Tak groups to 1 Yand day karangah kabangah kana tahun terbahan day kabangan kabangan kabangan kabangan kabanga	<u> </u>	Total Suprement Control Suprement		Seesse s	Francisco		Hillian work	, Wileson State				

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

Schedule A (Form 990 or 990-EZ) 2010

Schedule A (Form 990 or 990 FZ) 2010 Christian Studies

56-1627401 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,567,344.	1,815,307.	1,665,760.	1,963,849.	1,859,787.	8,872,047.
9	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						
Y	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1,567,344,	1,815,307,	1,665,760.	1,963,849.	1,859,787,	8,872,047.
9896.	The portion of total contributions						
9	by each person (other than a						
	governmental unit or publicly						
	supported organization) included	hansi ya Bisal penasa dali. Basalisi telebaharan 1991					
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						59,428.
_	Public support. Subtract line 5 from line 4.						8 812 619
	tion B. Total Support	Lauren a. Martiativi ti Mau	Line and the second of the	<u> </u>	<u> </u>	W. H. A. S. See	0,011,012.
::- - -	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 4	1,567,344.	1,815,307.	1,665,760.	1.963.849.	1,859,787.	8,872,047.
Ű -	Gross income from interest,	1,307,344,	1,013,307.	1,005,700.	1,000,040.	1,000,7071	<u> </u>
O	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	25,214.	22,134.	6,471.	1,566.	1,179.	56,564.
_	Net income from unrelated business	49,414	22/13=0	0/1/11			
9							
	activities, whether or not the				,		
40	business is regularly carried on						
10	Other income. Do not include gain		,				
	or loss from the sale of capital						
	assets (Explain in Part IV.)			Erri V. Aleksaya			8,928,611.
11	Total support. Add lines 7 through 10	TVS as INVESTIGATION AND	1111	<u>ka 1 1 jakaban taba .</u>	<u> </u>	12	784,585.
12	Gross receipts from related activities. First five years. If the Form 990 is fo			d fourth or fifth to		L	704,303.
13							
Sec	organization, check this box and storection C. Computation of Publ			*******			
	Public support percentage for 2010 (olumn (fl)		14	98.70 %
	Public support percentage for 2010 (15	98.35 %
15	33 1/3% support test - 2010. If the co						
тьа	•						L 37
	stop here. The organization qualifies 33 1/3% support test - 2009. If the control of the control						
Ю							
	and stop here. The organization qua						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes						U70 UI
	more, and if the organization meets t						▶ ──
	organization meets the "facts-and-cir						
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 1/a, or 1/l		and see instructions Adule A (Form 990)	

Schedule A (Form 990 or 990 EZ) 2010 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support	, , , , , , , , , , , , , , , , , , , ,	pioto 7 die my				
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Gifts, grants, contributions, and			(-)	1.57.2.00	(0).2010	(i) Total
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions.						
~	merchandise sold or services per- formed, or facilities furnished in					,	
	any activity that is related to the organization's tax-exempt purpose					Ī	
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						İ
	the organization without charge					Í	
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	I					
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)	an Anna militaria alian		11 11 11 11 11 11 11 11 11 11 11 11 11	AAAA AAAAA AAAA		
	ction B. Total Support	Annual Control of the	Later Max Character S	<u>K. J. P. St., M. J. S. S. S. S. S. S. S. S. S. S. S. S. S.</u>	A Million Reservation Control Constitution	e Marchaelm Bassilales (1)	
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	/-\ 2010	(6) Tabal
	Amounts from line 6	(4) 2000	(6) 2001	(6) 2000	(6) 2009	(e) 2010	(f) Total
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				'		
b	Unrelated business taxable income					-	
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
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						
13	assets (Explain in Part IV.)						
	First five years. If the Form 990 is for	the organization's	firet encound thir	fourth or fifth to	av voor op o oostig	h E01(a)(0) av!-	
-							
Sec	tion C. Computation of Publi	c Support Per	centage	***************************************		<u></u>	
	Public support percentage for 2010 (li					1.5	
16	Public support percentage from 2009	Schodulo A. Dart	vided by line 15, C	Glustas (I))	• • • • • • • • • • • • • • • • • • • •	15	
Sec	tion D. Computation of Inves	tment income	Doroontogo			16	%
				10 10			
10	Investment income percentage for 20	io (line 10c, colum	in (t) divided by lin	e 13, column (f))			%
10 10 -	Investment income percentage from 2	009 Schedule A, F	Part III, line 17			18	%
	33 1/3% support tests - 2010. If the						
	more than 33 1/3%, check this box an						
	33 1/3% support tests - 2009. If the						
•	line 18 is not more than 33 1/3%, chec	k this box and st	op here. The orga	nization qualifies a	as a publicly supp	orted organization .	▶∐
20	Private foundation. If the organization	ı dıd not check a t	oox on line 14, 19a	, or 19b, check th	nis box and see in	structions	>

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

or 990-PF)
Department of the Treasury
Internal Revenue Service

Name of the organization

Schedule of Contributors

➤ Attach to Form 990, 990-EZ, or 990-PF.

International Institute for

OMB No. 1545-0047

2010

Employer identification number

	hrist <u>ian Studies</u>	56-1627401
Organization type (check	one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not 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	
Check if your organization in Note. Only a section 501(c)	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	See instructions
General Rule		Total monage of the
For an organization contributor. Compl	n filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in modete Parts I and II.	ney or property) from any one
Special Rules		
. 509(a)(1) and 170(b	e)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regul o)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the gr of Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.	ations under sections reater of (1) \$5,000 or (2) 2%
aggregate contribu)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, or ruelty to children or animals. Complete Parts I, II, and III.	rtor, during the year, educational purposes, or
If this box is checked purpose. Do not co	(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contribute exclusively for religious, charitable, etc., purposes, but these contributions did not aggred, enter here the total contributions that were received during the year for an exclusively implete any of the parts unless the General Rule applies to this organization because it request, etc., contributions of \$5,000 or more during the year.	egate to more than \$1,000. religious, charitable, etc.,
but it must answer "No" on i	at is not covered by the General Rule and/or the Special Rules does not file Schedule B (I Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 o g requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	Form 990, 990-EZ, or 990-PF), fits Form 990-PF, to certify

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Schedule B (F	orm 990, 990-EZ, or 990-PF) (2010)		Page 1 of 1 of Part I
Name of org		Émplo	yer identification number
<u>Chris</u>	tian Studies	5	6-1627401
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$\$.	Person X Payrolt Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) 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) No.	(b) 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) No.	(b) 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) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	· ·	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

56-1627401

Name of organization International Institute for Christian Studies

Employer identification number

Part II Noncash Property (see instruction	ons)	
---	------	--

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

ita B (Form	n 990, 990-EZ, or 990-PF) (2010)				
Name of orga	nization				Page of of Part II Employer identification number
	ational Institute for				Limpioyer identification (milite)
ahrist.	ian Studies			:	56-1627401
Part III	Exclusively religious, charitable, etc., individual of more than \$1,000 for the year. Complete columns Part III, enter the total of exclusively religious, charitable \$1,000 or less for the year. (Enter this information of	(a) through (able, etc., co	(e) and the following Intributions of	(7), (8), or (10) o g line entry. For c	rganizations aggregating
(a) No. from Part I	(b) Purpose of gift	(c) Use of		(d) Desc	ription of how gift is held
-					
-					
		(e) Tran	sfer of gift	,,,	
	Transferee's name, address, and ZIP + 4		Rel	ationship of trai	nsferor to transferee
-					
-					
(a) No.					
from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Desci	ription of how gift is held
_					
- I					
_		(e) Trans	sfer of gift		
	Transferee's name, address, and ZIP + 4		Rela	ationship of tran	sferor to transferee
-					
(a) No.					
from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Descr	iption of how gift is held
-		***			
		(e) Trans	fer of gift		
	Transferee's name, address, and ZIP + 4		Rela	itionship of tran	sferor to transferee

(e) Transfer of gift

(c) Use of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

(a) No. from Part I

(d) Description of how gift is held

(b) Purpose of gift

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

2010
Open to Public Inspection

Internal Revenue Service

Name of the organization

International Institute for Christian Studies

Employer identification number 56-1627401

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure □ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV. the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X

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

Schedule D (Form 990) 2010

a Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide

the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

International Institute for schedule D (Form 990) 2010 Christian Studies 56-1627401 Page **2** Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): Loan or exchange programs Public exhibition а Scholarly research b Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included _ Yes on Form 990, Part X? b If "Yes," explain the arrangement in Part XIV and complete the following table: c Beginning balance 1d d Additions during the year e Distributions during the year Ending balance Yes 2a Did the organization include an amount on Form 990, Part X, line 21? b if "Yes," explain the arrangement in Part XIV. Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Part V (e) Four years back (c) Two years back (d) Three years back (b) Prior year (a) Current year 1a Beginning of year balance **b** Contributions c Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment Permanent endowment Term endowment % 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization No 3a(i) (i) unrelated organizations 3a(ii) (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. (c) Accumulated (d) Book value Description of investment (a) Cost or other (b) Cost or other depreciation basis (other) basis (investment)

> <u>12,055.</u> Schedule D (Form 990) 2010

12,055.

109,999.

122,054.

1a Land
b Buildings
c Leasehold improvements

d Equipment ______e Other ______

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

(6)(7)(8) (9) (10)

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

FIN 48 (ASC 740) Footnote. 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 2. FIN 48 (ASC 740).

Schedule D (Form 990) 2010

International Institute for

Caba	dule D (Form 990) 2010 Christian Studies	•		56-1	.627401 Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited	Financial Sta	tement	S rage -
1	Total revenue (Form 990, Part VIII, column (A), line 12)				2,002,849.
2	Total expenses (Form 990, Part IX, column (A), line 25)				2,117,823.
3	Excess or (deficit) for the year. Subtract line 2 from line 1				-114,974.
4	Net unrealized gains (losses) on investments		1 1		
5	Donated services and use of facilities				
6	Investment expenses		-		
7	Prior period adjustments		1 1		
8	Other (Describe in Part XIV.)				
9	Total adjustments (net). Add lines 4 through 8		9		0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	9	10		<u>-114,974.</u>
Par	t XII Reconciliation of Revenue per Audited Financial Statemen				0 100 104
1	Total revenue, gains, and other support per audited financial statements			. 1	2,189,134.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
а	Net unrealized gains on investments	2a	450 005		
b	Donated services and use of facilities		178,837	•	
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d		_	170 027
е	Add lines 2a through 2d				178,837.
3	Subtract line 2e from line 1			. 3	2,010,297.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	4		
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIV.)	4b		<u> </u>	E 440
С	Add lines 4a and 4b			. 4c	-7,448.
_ 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			. <u>5</u>	2,002,849.
Pa	rt XIII Reconciliation of Expenses per Audited Financial Stateme	ents wit	n Expenses p	er Retui	2 204 100
1	Total expenses and losses per audited financial statements			. 1	2,304,108.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	t 1	150 025	, []	
а	Donated services and use of facilities		178,837	<u> </u>	
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIV.)	2d	7,448	_	100 005
e	Add lines 2a through 2d				186,285.
3	Subtract line 2e from line 1		*,	3	2,117,823.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 i			
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIV.)	4b			0
C	Add lines 4a and 4b			4c	$\frac{0.}{2,117,823.}$
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	Z,111,023.
Pa	rt XIV Supplemental Information		LA D. LIV. B.	- 41 3 (Oh, Dart V. line 4: Dart
Con	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II	I, lines la	and 4; Part IV, line:	S ID and a	information
X, lir	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp	ete tnis p	ant to provide any	additional	monnation. F A C D
<u>Pa</u>	rt X, Line 2: The Organization has adopted	the j	OLOVISION	S OL .	r Abb
ΔS	C 740-10 as it might apply to the Organiza	tion's	s financia	al tra	ansactions.
Th	e Organization's policy is to record a lia	bility	y for any	tax	position
<u>th</u>	at is beneficial to the Organization, incl	uding	any rela	ted i	nterest and
pe pe	nalties, when it is more likely than not t	he po	sition tal	ken b	у
<u>ma</u>	nagement with respect to the transaction of	r cla	ss of tra	nsact	ions will
<u>be</u>	overturned by a taxing authority upon exa	minat	ion. Man	ageme	nt believes
<u>th</u>	ere are no such positions as of June 30, 2	011 a:	nd, accord	dingl	y, no
0390	K.A			Sched	lule D (Form 990) 2010

Schedule D (Form 990) 2010

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

OMB No.: 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

International Institute for

Employer identification number

<u>hristian Studi</u>				56-162740	
# 20 to 1 to 1 to 1		ctivities Ou	tside the United States. Comp	lete if the organization answered "	Yes"
to Form 990, Par					
			ds to substantiate the amount of the g		
grantees' eligibility for th	e grants or assis	stance, and the	selection criteria used to award the gra	ants or assistance?	Yes No
O Far avantural out Dogo	ribe in Dort V the	organization's	procedures for monitoring the use of g	rant funds outside the Linited Stat.	AS
2 For grantmakers. Desc	mbe in Part v ine	organization s	procedures for monitoring the use of g	rant failus outside the Office State	0 3.
3 Activities per Region. (T	he following Part	L line 3 table ca	an be duplicated if additional space is	needed.)	
(a) Region	(b) Number of	(c) Number of		(e) If activity listed in (d)	(f) Total
(a) rogion	offices	employees,	(by type) (e.g., fundraising, program	is a program service,	expenditures
	in the region	agents, and independent	services, investments, grants to	describe specific type	for and investments
		contractors in region	recipients located in the region)	of service(s) in region	in region
		ragion		Teaching Christian	
				studies in public	
			Program Service; grant to	universities, training	
Sub-Saharan Africa	l 0	7	other organization	Christian religious	264,505,
				Teaching Christian	
				studies in public	
North America	0	0	Grant to other organization	universities.	3,100.
 -					
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				t-real state of the state of th	-
				Trumbaration .	-
				ş.	
			SESTER TO A DESCRIPTION OF THE SESTER AND A SESTER OF THE SESTER ASSOCIATION OF THE SESTER ASSOC		
3 a Sub-total	0	7			267,605
b Total from continuation					
sheets to Part I	0	0			0.
c Totals (add lines 3a					
and 3h)	i o	1 7		Personal distriction of the Control	267 605.

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

See Part V for Column (e) descriptions

Schedule F (Form 990) 2010

for Institute International

Christian Studies

Part III

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Schedule F (Form 990) 2010

Page 2

56-1627401

(i) Method of valuation (book, FMV, appraisal, other) (h) Description of non-cash assistance (g) Amount of o non-cash assistance cash disbursement (f) Manner of 11,400,Check of cash grant (e) Amount leaching Christian studies in public (d) Purpose of grant universities Part II can be duplicated if additional space is needed. (c) Region Sub-Saharan Africa (b) IRS code section and EIN (if applicable) (a) Name of organization

Schedule F (Form 990) 2010

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by

the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Enter total number of other organizations or entities

N

56-1627401

Christian Studies

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. Schedule F (Form 990) 2010

Schedule F (Form 990) 2010 (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 recipients cash grant (b) Region (a) Type of grant or assistance

International Institute for

Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"

the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see

Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain

Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions

Schedule F (Form 990) 2010 Christian Studies 56-1627401 Page 4 Part IV | Foreign Forms Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization 2 may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)

Certain Foreign Corporations. (see Instructions for Form 5471)

Instructions for Form 8621)

for Form 5713) Yes X No

Foreign Partnerships. (see Instructions for Form 8865)

Schedule F (Form 990) 2010

3

Schedule F (Form 990) 2010 Christian Studies

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

Schedule F, Part I, Line 2: The organization requires financial reporting of grants. It also performs site visits, receives pictures and activity reports. Schedule F, Part I, Line 3: Actual expenses under the accrual method of accounting. Part I, line 3, Column (e): Region: Sub-Saharan Africa (e) Specific Types of Services in Region: Teaching Christian studies in public universities, training Christian religious knowledge teachers, providing training for the faith-based AIDS awareness program. Schedule F, Part IV, Line 1: The transfers referenced in this question relate to the grant listed in Part II of Schedule F as well as the North American grant (less than \$5,000) noted on Part I of Schedule F. Form 926 is not required for these transactions.

032075 12-20-10

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

International Institute for Christian Studies

Employer identification number 56-1627401 Inspection

Part I General Information on Grants and Assistance	ind Assistance							
1 Does the organization maintain records to substantiate the amount of	to substantiate the		or assistance, the	grantees' eligibility	for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	noi	
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	starice? ocedures for monit	oring the use of grant	funds in the United	d States.			Tes	Š
⊑	Governments and	Organizations in the	United States, C	omplete if the orga	ınization answered "Ƴ	'es" to Form 990, Part	IV, line 21, for any	
recipient that received more than \$5,000. Check this box if no or	\$5,000. Check this	box if no one recipien	t received more th	an \$5,000. Part !!	can be duplicated if a	te recipient received more than \$5,000. Part II can be duplicated if additional space is needed	Jed	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	ınt
ss P.O. BOX 12830 Overland Park, KS 66282	48-1244113	501(C)(3)	1 021 657	0			To place outstanding scholars in academic institutions so they provide excellent	ng lc sy can
					Make Approximately all		To place Christian	-
voild Farthers 3811 Vanguard Drive							professors in academic institutions so they can	emic ev can
Fort Wayne, IN 46809	35-1161320	501(C)(3)	11,737.	0			provide educational	t
2 Enter total number of section 501(c)(3) and government organizations	and government or	ganizations					A	2
3 Enter total number of other organizations	8						A	0

See Part IV for Column (h) descriptions 30 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2010)

Schedule (Form 990) (2010) Christian Studies

Schedule (Form 990) (2010) Christian Studies

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

Page 2

56-1627401

					bit of the contract of the con
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
					e mag Mi
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	de the information	required in Part I,	ine 2, and any other	additional information.	
Schedule I, Part I, Line 2: The or	organization	n is related	ted to CS,	and monitors	
ts to CS through its boa	re1	and	mina	n of	
ncial records. The ordan	on monito	other	grants thr	through	
reporting, sit	pictures	ਾਰ			
Part II, line 1, Column (h):					
of Ordanizat	<u> </u>				
Durnose of Grant or		e outstanding	dina scholars	ลาช เก	
1	, C. 1.1.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.	'		1 6	
academic Thectcactons so chey can	ט ט ט זיין אין		מממממים	בשטדא דשם די	Schedule I (Form 990) (2010)

Schedule I (Form 990) 2010 Christian Studies Part IV Supplemental Information	56-1627401 Page 2
Supplemental information	
for their host university and nation.	
Name of Organization or Government: World Partners	
(h) Purpose of Grant or Assistance: To place Christian pro-	fessors in
academic institutions so they can provide educational serv	ices for their
host university and nation, serving and teaching with a Chi	ristian
worldview and in so doing, develop individuals who think ar	nd live
Christianly.	
	Schedule I (Form 990) 2010

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

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

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

OMB No. 1545-0047

2010

Open To Public Inspection

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	<u>hristian</u>			·····				<u> 56–16</u>	<u> 2740</u>)1	
September 1		•	, , , ,		n 501(c)(4) organizatio						
Complete if the o	rganization ans	wered "Yes"	on Form 99	90, Part IV, I	ine 25a or 25b, or Fo	rm 990-E	Z, Part	V, line 40)b	·	
1 (a) Nome of	disqualified per	eon			(b) Description	of tranca	ction			(c) Con	ected?
(a) Name of	disqualified per	5011			(b) Description	OI Ganse	Ction			Yes	No
				•							
2 Enter the amount of tax in	mposed on the	organization	managers o	or disqualifie	ed persons during the	e vear un	der				
								> \$			
3 Enter the amount of tax, i								\$			
3 Enter the amount of tax,	i arry, Orr in te 2,		Durseu by t	ne organiza				• •			
Part II Loans to and	/or From Int	erested l	Persons								
22.500.000				00 Doct #1/ !	line OC or Form OOA F	7 Dort \	/ line 2	00			
					line 26, or Form 990-E	1		oa. (f) Api	oroved	(g) W	ritton
(a) Name of interested person and purpose		to or from nization?	(c) Origina		(d) Balance due		in ault?	by bo	oroved ard or pittee?	agree	
p 3						V	N.				
	То	From				Yes	No	Yes	No	Yes	No
						 				-	
										-	
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									<u> </u>		
	,		*****	> \$			<u> </u>		<u>uli piki</u>		
Part III Grants or As	sistance Be	nefiting h	nterested	l Persons	S.						
Complete if the o	rganization ans	wered "Yes"	on Form 99	00, Part IV,	line 27.						
(a) Name of interest	ed person		(b) Relation		en interested person	and				d type o	f
				the or	ganization				assistar	1C 0	
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LHA For Paperwork Reduct	ıon Act Notice,	see the Ins	tructions f	or Form 99	v or 990-EZ.		schedu	le L (For	m 990 c	or 990-E	د) 2010

International Institute for Christian Studies

56-1627401

Part IV Business Transactions In Complete if the organization ans				a, 28b	, or 28c.		
(a) Name of interested person	(b) Relation:	ship betw			(c) Amount of transaction	(d) Description of transaction	(e) Sharing organization revenues
Dr. Teri McCarthy	Spouse	of t	he exe	cu	33,985	Employee co	Yes N
Mary McCain	Spouse	of t	he inte	∍r	20,760.	Employee co	X
				-			
Part V Supplemental Information	3						
Complete this part to provide add		or respon	ses to quest	ions o	n Schedule L (see	instructions).	
Sch L, Part IV, Busines:							
(a) Name of Person: Dr.							
(b) Relationship Betweer	ı Interest	ed Pe	rson a	nd	Organizat	ion	
Spouse of the executive						TOIL.	
(d) Description of Trans					· · · · · · · · · · · · · · · · · · ·		
							
performed in the position							
Dr. Teri McCarthy's comp				ne <u>d</u>	directly	by the boar	d of
directors and not the ex	ecutive di	lrect	or.				
(-) N-							
(a) Name of Person: Mary				, _			
(b) Relationship Between							
spouse of the internatio							
d) Description of Trans	action: Em	ploye	ee_comp	ens	sation for	administra	tive_
services							
				<u>-</u>			
		-					
						·	

SCHEDULE M (Form 990)

Department of the Treasury

Noncash Contributions

OMB No. 1545-0047

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Open to Public Inspection

Internal Revenue Service Name of the organization

Attach to Form 990. International Institute for Christian Studies

Employer identification number 56-1627401

Part	Types of Property		(6)	(c)	(d)	
		(a) Check if	(b) Number of	Noncash contribution	Method of de	
		applicable	contributions or	amounts reported on	noncash contribu	ition amounts
			litems contributed	Form 990, Part VIII, line 1g		
1 .	Art - Works of art					
2	Art - Historical treasures	<u> </u>				
3	Art - Fractional interests		paradise part and a second			
-	Books and publications					
5	Clothing and household goods					
6	Cars and other vehicles					
7	Boats and planes					
8	Intellectual property		1	23,222.	PM77	
9	Securities - Publicly traded	X	1	43,444.	LHV	
10	Securities - Closely held stock					
11	Securities - Partnership, LLC, or					
	trust interests					
12	Securities - Miscellaneous					
13	Qualified conservation contribution -					
	Historic structures					
14	Qualified conservation contribution - Other					
15	Real estate - Residential					
16	Real estate - Commercial					
17	Real estate - Other					
18	Collectibles					
19	Food inventory					
20	Drugs and medical supplies					
21	Taxidermy					
22	Historical artifacts					
23	Scientific specimens					
24	Archeological artifacts			1 007	TOMT 7	
25	Other ► (<u>Miscellaneous</u>)	X		1,827.	FMV	
26	Other ()					
27	Other • ()					
28	Other (<u> </u>	<u> </u>	
29	Number of Forms 8283 received by the organ	nization duri	ng the tax year for	contributions		
	for which the organization completed Form 8	283, Part IV	, Donee Acknowle	dgement	<u> </u>	Yes No
					t it wount hold for	163 100
30a	During the year, did the organization receive	by contribut	tion any property r	eported in Part I, lines 1-28 ti	nat it must noid for	
	at least three years from the date of the initia	I contributio	n, and which is no	t required to be used for exe	mpt purposes for	30a X
	the entire holding period?					30a A
b	If "Yes," describe the arrangement in Part II.					31 X
31	Does the organization have a gift acceptance	e policy that	requires the revie	w of any non-standard contri	outions?	31 X
32a	Does the organization hire or use third partie	s or related	organizations to se	olicit, process, or sell noncas	n	-
	contributions?				••••	32a X
b	# "Voc " describe in Part II					
33	If the organization did not report an amount	in column (c) for a type of prop	erty for which column (a) is o	cnecked,	
	describe in Bort II					[1-12-14-14] Alexandria (A. 18-14-14-14-14-14-14-14-14-14-14-14-14-14-

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

Schedule M (Form 990) (2010)

LHA

SCHEDULE O (Form 990 or 990-EZ)

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Name of the	organization
-------------	--------------

International Institute for Christian Studies

Employer identification number 56-1627401

Form 990, Part I, Line 1, Description of Organization Mission:	
Christian worldview in a wide range of disciplines at secular	
universities outside of North America.	

Form 990, Part III, Line I, Description of Organization Mission:
Christian professors who teach their field from a Christian worldview
at secular universities outside of North America and by equipping
indigenous Christian professors to teach with excellence in their own
nations.

Form 990, Part VI, Section B, line 11: Each board member is sent a copy of the 990 for review and may suggest any changes that they believe should be made.

Form 990, Part VI, Section B, Line 12c: Board members must recuse themselves from any discussion or voting on matters related to items which could post a conflict of interest for them.

Form 990, Part VI, Section B, Line 15: The board executive committee determines the compensation of the CEO based on an annual review, contemporaneous comparison with salary tables from similar types and sizes of organizations. The deliberations occur in the executive committee and are substantiated and recorded. The International Director's salary is determined in accordance with the normal salary tables for professors and their rank, tenure and level of responsibility.

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Schedule O (Form 990 or 990-EZ) (2010)

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2010 Open to Public Inspection OMB No. 1545-0047

International Institute for Christian Studies Name of the organization

Employer identification number 56-1627401

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Part

					Č.	
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(1) Direct controlling entity	
					***************************************	-
Part II Identification of Related Tax-Exempt Organizations (Complete organizations during the tax year.)	rtions (Complete if the organization a	if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt	art IV, line 34 becaus	se it had one or more	related tax-exempt	
			•		•	

Identification of Related Tax-Exempt Organizations (Complete if the organization and well organizations during the tax year.)	izations (Complete if the organization a	answered res to rolli 550;				
		(7)	(0)	<u>(a</u>	€	(b)
(e)	3	(2)	5	<u>.</u>	5	Section 512(b)(
	Definition (Continuity)	I edal domicile (state or	Exempt Code	Exempt Code Public charity	Direct controlling	controlled
Name, address, and EIN	רוויום אַ מכנועונץ	בפקמ מסוווסוס (כומים		20 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	, ditao	Contitoo
		foreign country)	section	status (II section	elitty	enury s
ot related organization				501(c)(3))		Vos
	-			~ ^ ^ ^ - ^		

(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(v) Direct controlling entity	Section 512(b)(13) controlled entity?	13)
or related organization				501(c)(3))		Yes No	ا
- 48 - 1344113							
FO BOX 12830			• • • • • • • • • • • • • • • • • • •	, , , , , , , , , , , , , , , , , , ,		×	
Overland Park, KS 66282	PLEASE SEE SCHEDULE "O".	Kansas	501(C)(3)	170(B)(1)(A) N/A	N/A		1
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A CONTRACTOR OF THE PROPERTY O	-1						ĺ
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	1						

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

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Schedule R (Form 990) 2010

International Institute for Schedule R (Form 990) 2010 Christian Studies

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

Page 2

(J) (K) UBI General or Percentage box managing ownership dule partner?			d one or more related	(g) (h) Share of Percentage end-of-year ownership		
1 - 5 %L	Yes No K-1 (Form 1		ion or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related	Share of total Sincome end		
(g) Share of end-of-year assets			to Form 990, Part	(e) Type of entity (C corp, S corp, or trust)		
(f) Share of total income			on answered "Yes"	(d) Direct controlling entity		
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)			olete if the organization	Legal domicile (state or foreign country)		
(d) Direct controlling entity			ation or Trust (Compar.)	(b) Primary activity		
(b) (c) Primary activity domicile (state or foreign country)			zations Taxable as a Corpor ation or trust during the tax ye			
(a) Name, address, and EiN of related organization			Part IV Identification of Related Organizations Taxable as a Corporation organizations treated as a corporation or trust during the tax year.	Name, address, and EiN of related organization		

Schedule R (Form 990) 2010

Schedule R (Form 990) 2010

Part V. Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes No
1 During the tax year, did the organization engage in any of the following transactions	s with one or more re	ransactions with one or more related organizations listed in Parts IHV?	in Parts II-IV?	
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a X
b Gift, grant, or capital contribution to other organization(s)				1b X
c Gift, grant, or capital contribution from other organization(s)				1c
d Loans or loan guarantees to or for other organization(s)				1d X
e Loans or loan guarantees by other organization(s)				9
		,		2
f Sale of assets to other organization(s)				#
h Exchange of assets				
i Lease of facilities, equipment, or other assets to other organization(s)				=
				 X
k Performance of services or membership or fundraising solicitations for other organization(s)	ization(s)			¥ X
 Performance of services or membership or fundraising solicitations by other organization(s) 	ization(s)			- X
m Sharing of facilities, equipment, mailing lists, or other assets				1m X
n Sharing of paid employees	***************************************			1n X
o Reimbursement paid to other organization for expenses				10 🐰
p Reimbursement paid by other organization for expenses				ф
q Other transfer of cash or property to other organization(s)			***************************************	19
Other transfer of cash or property from other organization(s)				1r X
Z II THE ANSWELTO ANY OF THE ADOVE IS "YES," SEE THE INSTRUCTIONS FOR INTORMATION ON W	who must complete th	is line, including covered	lation on who must complete this line, including covered relationships and transaction thresholds.	Total Control of the
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved	
(1)				TABLE TO THE PARTY OF THE PARTY
(2)				
(3)				
(4)				***
(9)	and a specific			
(9)				
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International Institute for Christian Studies Schedule R (Form 990) 2010 Part Vi Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

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

	(h) General or managing nather?	No						-			 <u> </u>								1) 2010
The second secon	(g) Code V-UBI amount in box 20	of Schedule K-1 (Form 1065)						**************************************											Schedule R (Form 990) 2010
	Disproporationate	Yes No			<u>-</u>														
	(e) Share of end-of- year assets																		
	(d) Are all partners section 501(c)(3)	Yes No																	
م الله الله الله الله الله الله الله الل	(c) Legal domicile (state or foreign	country)	···													-			
	(b) Primary activity																	i.	
that was not a jointed of gameration. Occurred actions of gamering occurred	(a) Name, address, and EIN of entity							edward english desired and an analysis of the second english of th						- Andreas Anna Anna Anna Anna Anna Anna Anna An					