Form 990-EZ

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

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

2009

OMB No 1545-1150

Open to Public

A Fo	or the 2009 calend	lar year	or tax year beginning	, 2009, an	d endi	ng			, 20
B Che	eck if applicable		C Name of organization			D En	ployer i	dent	ification number
X Add	dress change	Please use IRS	CHURCH, STATE, & INDUSTRY FOUNDATION, IN	IC .			20-449	906	5 7
	me change	label or print or	Number and street (or P O box, if mail is not delivered to street ad		Room/s	suite E Te	lephone	numt	per
Initi	ıal retum	type. See				i			
Ter	minated	Specific	PO BOX 38				(319)		
Am	ended return	Instruc- tions.	City or town, state or country, and ZIP + 4			F Gr	oup Exe	nptio	n
	plication pending		West Branch, IA 52358			Nu	mber 🕽	>	
•	Section 501(c)(izations and 4947(a)(1) nonexempt charitable trusts	must atta	ach	G Accounting	g Metho	d []	X Cash Accrual
		a co	mpleted Schedule A (Form 990 or 990-EZ).			Other (sp	ecify) 🕨		
						H Check ►	X If th	ne org	ganization is not
I We	ebsite: 🕨					required t	o attach	Sche	dule B (Form 990,
J Ta	x-exempt status	(check o	nly one) - X 501(c) (3) ◀ (insert no) 4947(a)(1) or	527	990-EZ, c	r 990-PF	•)	
K Ch	eck 🕨 🔲 if the c	rganizat	ion is not a section 509(a)(3) supporting organization a	nd its gros	s recei	pts are normali	y not mo	re th	an \$25,000 A
For	rm 990-EZ or Fom	n 990 re	turn is not required, but if the organization chooses to fi	le a return	, be su	re to file a com	olete retu	ırn	
			ne 9 to determine gross receipts, if \$500,000 or more,						46,37
Par			enses, and Changes in Net Assets or Fur						
<u> </u>		-	grants, and similar amounts received						2,47
		_	renue including government fees and contracts · · ·					+	
			nd assessments · · · · · · · · · · · · · · · · · · ·				. 3	+	
	4 Investment		and doors and the second secon				. 4		13,11
			sale of assets other than inventory	50	.	30,		38	
			•	<u> </u>	-		. 7-	£ 1	
ŀ			pasis and sales expenses · · · · · · · · · · · · · · · · · ·				873	_	10.01
R	_		sale of assets other than inventory (Subtract line 5b from				·		12,91
V			ties (complete applicable parts of Schedule G) If any amount is from	n garning ,	check he	ere 🕨 🔝			
e n	a Gross rever	-					1.		
u	reported on line 1) · · · · · · · · · · · · · · · · · ·								
е	b Less direct	expense	es other than fundraising-expenses	• • • 6t				1	
	c Net income	or (loss)	from special events and activities (Subtractione 6b fro	m line 6a)	• • •	STM101 · · ·	. 60		
	7a Gross sales	of inver	ntory, less returns and allowances	• • • 7a	1			<u>.</u>	
	b Less cost of	f goods	sold	• • • 7t)		- 3		
1	c Gross profit	or (loss	from sales of inventory (Subtract line 7b from line 7a)				• 70	;	
	8 Other reven	ue (des	cribe ► TOGBEN, UT) 8		
	9 Total reven	ue. Add	lines 1, 2, 8, 4, 5c, 6c, 7c, and 8		• • • •		▶ 9	\top	28,49
\neg			mounts paid (attach schedule)				2 10		22,00
_			or members · · · · · · · · · · · · · · · · · · ·				. 11		
E	•		pensation, and employee benefits				. 12	2	
p e		-	nd other payments to independent contractors · · · ·					3	4,08
ň			lities, and maintenance					_	
S e			s, postage, and shipping · · · · · · · · · · · · · · · · · · ·						
š			scribe ► STM130) 10	-	1,39
			dd lines 10 through 16 · · · · · · · · · · · · · · · · · ·				17	-	27,47
+		_	or the year (Subtract line 17 from line 9)						
Α							·	<u>'- -</u>	1,02
NS			alances at beginning of year (from line 27, column (A))	•			عدد	$\dot{-}$	F20 6
e s t e	•		ported on prior year's return) · · · · · · · · · · · · · · · · · · ·					_	538,69
S	-		t assets or fund balances (attach explanation) • • • •				. —		173,79
Part	21 Net assets	or fund b	alances at end of year Combine lines 18 through 20						713,51
Part	t II- Balance	<u>Shee</u>	ts. If Total assets on line 25, column (B) are \$1,250	,000 or m	ore, file	Form 990 inst	ead of F	om 9)90-EZ
			(See the instructions for Part II)			(A) Beginning		<u>L</u>	(B) End of year
			ments • • • • • • • • • • • • • • • • • • •				12,470	22	6,7
23	Land and building	s • • •	• • • • • • • • • • • • • • • • • • • •		• •			23	
	Other assets (des		STM131)	5	26,229	24	706,73
25	Total assets • •		• • • • • • • • • • • • • • • • • • • •			5	38,699	25	713,51
26	Total liabilities (d	lescribe	>)			26	
	•		ces (line 27 of column (B) must agree with line 21) .		<u> </u>	5	38,699	27	713,5
			k Reduction Act Notice see the separate instruction						Form 990-F7 (20)

FORM 990-EZ (2009) CHURCH, STATE, SINDU	STRY FOUNDATION, INC		20-4	4990	F7 Page 2		
Partill Statement of Program Service Acc)	(D	Expenses		
What is the organization's primary exempt purpose? SCHOL					ured for section (3) and 501(c)(4)		
Describe what was achieved in carrying out the organization					izations and section		
anner, describe the services provided, the number of persons benefited, or other relevant information for 4947(a)(1) trusts; optional ch program title for others)							
28 SCHOLARSHIPS 14 RECIPIENTS STUDYING TO BE MILITARY							
CHAPLAINS. ALL RECIPIENTS WERE SELECTE				1			
DEVELOPED BY THE BOARD.		 -		1 1			
(Grants \$) If this a	mount includes foreign grants	s, check here · · · ·	• • • • □	28a	22,000		
29							
(Grants \$) If this at	mount includes foreign grant	s, check here · · · ·	• • • • □	29a	0		
30							
(Grants \$) If this a	mount includes foreign grant	s, check here · · · ·	• • • • □	30a			
31 Other program services (attach schedule) • • • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • •	• • • • •				
	mount includes foreign grant			31a			
32 Total program service expenses (add lines 28a throug				32	22,000		
Part IV List of Officers, Directors, Trustees, and Ke	y Employees. List each one		ted. (See the in	structio	ons for Part IV)		
(a) Name and address	(b) Title and average hours per week		(d) Contribution employee benefit p	lans &	(e) Expense account and		
JAMES PIPPENGER	devoted to position CHAIRMAN	enter -0)	deferred compens	ation	other allowances		
183 SEDGEFORD SE Cedar Rapids IA, 52403	CHAIRMAN 2			ا	0		
RABBI PORTMAN	DIRECTOR						
PO BOX 38 West Branch IA, 52358	2	,		ď	0		
FIMON DAVISION	PRESIDENT						
218 BUCKEYE ROAD West Liberty IA, 52776	4	0		d	o		
GAIL DAVISON	SEC/TREASURER						
218 BUCKEYE ROAD West Liberty IA, 52776	7	٥		a	o		
TODD M JACOBUS	DIRECTOR						
PO BOX 38 West Branch IA, 52358	2	o	!	0	o		
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	-						
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	1		1		1		

Pa	rt V Other Information (Note the statement requirements in the instructions for Part V)			-3
	, , , , , , , , , , , , , , , , , , ,	-	Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed			
	description of each activity	33		Х
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of	—		
	the changes · · · · · · · · · · · · · · · · · · ·	34		Х
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but		. 7	- C
	not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.	4	, jos.	
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section	1		
	6033(e) notice, reporting, and proxy tax requirements?	35a		Х
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36		Х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions • • • • • 37a	ال.د _	1,738	3
b	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	-1 .		, 18 A
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	4. 3	· ·	·
39	Section 501(c)(7) organizations Enter		1953	
а	Initiation fees and capital contributions included on line 9 · · · · · · · · · · · · · · · · 39a	,	264	2.3
b	Gross receipts, included on line 9, for public use of club facilities · · · · · · · · · · · · · · · · · · ·	7	**************************************	3.5
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	7.	*	2,4
	section 4911 ▶, section 4912 ▶, section 4955 ▶) 1' ?	¢، د	
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit		<u>g.</u>	
	transaction during the year or is it 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	Ì		
	Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I · · · · · · · · · · · · · · · · · ·	40b		X
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on	100	**	
	organization managers or disqualified persons during the year under sections 4912,	37	- Sen 95	25.
	4955, and 4958 · · · · · · · · · · · · · · · · · · ·		5 4 8 73	
d		4.35	\$	
	reimbursed by the organization		**	. 3
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter	<u> </u>		لنشا
	transaction? If "Yes," complete Form 8886-T	40e	<u> </u>	X
41	List the states with which a copy of this return is filed			
42 a		330-1	061	
	Located at ▶ 218 BUCKEYE ROAD West Liberty, IA ZIP+4 ▶ 527	76		
D	At any time during the calendar year, did the organization have an interest in or a signature or other authority			T 31 -
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	426	Yes	No
	account)? · · · · · · · · · · · · · · · · · · ·	42b	 	X
	If "Yes," enter the name of the foreign country. See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	14.3	ر ثر ا	
	and Financial Accounts.	4,4	-3,7	, a,
_	At any time during the calendar year, did the organization maintain an office outside of the U.S.? • • • • • • • • • • • • • • • • • • •	42c	***	1
·	If "Yes," enter the name of the foreign country.	720	<u>. </u>	X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here • • • • • • • • • • • • • • • • • •			
	and enter the amount of tax-exempt interest received or accrued during the tax year • • • • • • • • • • • • • • • • • • •			
	To an annual of the extension of the ext			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	-42	+	
-	Form 990-EZ · · · · · · · · · · · · · · · · · · ·	44	1	X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If	3 *	-	1.:
	"Yes," Form 990 must be completed instead of Form 990-EZ	45		X
	EEA	Form 9	90-EZ	(2009)

Form	990-EZ (2009) CHURCH, STATE, &IN	DUSTRY FOUNDATION,	INC	20-4	1499067	F	ag	
,Pai	Section 501(c)(3) organizations at 501(c)(3) organizations and section 4947(a)(and complete the tables for lines 50 and 51.				, All section	on		
46	Did the organization engage in direct or indirect poli	tical campaign activities on	behalf of or in oppos	sition to	·-·	Yes	N	
70	candidates for public office? If "Yes," complete Sch	, ,	· · · · · · · · · · · ·		46	1.00	7	
47	•	•	e C. Part II		. 47	 	3	
48								
	Did the organization make any transfers to an exem				· · 49a	\vdash	2	
	If "Yes," was the related organization a section 527		-		-		1	
50	Complete this table for the organization's five higher	•				L	L_4	
50	employees) who each received more than \$100,000		•		-			
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e)	Expense ount and allowance	ı	
NON	3							
f	Total number of other employees paid over \$100,00	0 •	<u></u>					
51	Complete this table for the organization's five highe \$100,000 of compensation from the organization.			each received more than				
	(a) Name and address of each independent contractor pa	id more than \$100,000	(b) Ty	pe of service	(c) Comp	ensation		
NON	3							
		- " "						
		_				·		
_			,					
d	Total number of other independent contractors each	n receiving over \$400,000						
_	Under penalties of penury, I declare that I have e and belief, it is true, correct, and complete Decl	examined this return, i						

Sign Here GAIL DAVISON, SEC/TREASURER Type or print name and title Preparer's ROBERT B PLATNER signature Paid KOCH, PLATNER & REED Preparer's Firm's name (or yours if self-employed), address, and ZIP + 4 2720 FIRST AVE NE **Use Only** CEDAR RAPIDS, IA 52402

May the IRS discuss this return with the preparer shown above? See instr

SCHEDULE A (Form`990 or 990-EZ)

Department of the Treasury

Internal Revenue 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

2009

Open to Public | }

		organization						1		sentification n	umber		
		STATE, &INDUST								199067			
	rt I			Status (All organiza				See instru	ictions				
	orga			use it is: (For lines 1 thro	-	-	-						
1	닏			ssociation of churches d		section '	170(5)(1)(/	A)(i).					
2	닏			1)(A)(ii). (Attach Schedu									
3	\sqcup			rvice organization descri									
4	Ш		organization opera	ted in conjunction with a	hospital d	escribed ii	n section '	170(b)(1)(A)(iii). Ente	er the hosp	ital's n	ame,	
	_	city, and state.											
5		•		it of a college or universi	ity owned o	or operated	d by a gove	ernmental	unit descri	bed in			
	_	section 170(b)(1)(A)(iv). (Complete Pa	art II.)									
6		A federal, state, or le	ocal government or	r governmental unit desc	cribed in se	ction 170	(b)(1)(A)(v	').					
7		•	•	a substantial part of its	support fro	m a gover	nmental ur	nit or from	the genera	il public			
		described in section		, ,									
8	Щ	•		n 170(b)(1)(A)(vi). (Com	•	•							
9	X	-		(1) more than 33 1/3%									
				empt functions - subject									
		• •		and unrelated business		-		11 tax) fro	m busines	ses			
				30, 1975 See section									
10	\square	•	•	ed exclusively to test for	•	-				_			
11			•	ed exclusively for the ber	•			•	-				
		• •		orted organizations desc						section			
				s the type of supporting	, -		•		nugniin. di ∫	Type II	I Otho	•	
		a Type I	b Type	L-	J Type III-						i-Other		
е		-	=	organization is not contro ers and other than one of									
		509(a)(1) or section	_	ers and other than one of	i illole pub	nciy suppo	orteu organ	iizalionis u	iescribed ii	i Section			
f				etermination from the IR	S that it is	a Type I	Type II or	Type III s	upporting				
•		organization, check				a 1 ypc 1,							—
~				zation accepted any gift	or contribi	ition from	any of the						
g		following persons?	oo, nas ale organi	zation accepted any gire	01 00111110		u., o						
		- ·	directly or indirectly	controls, either alone o	r together	with perso	ns describ	ed in (u)				Yes	No
				y of the supported organ							11g(i)	1.55	1
				cribed in (i) above? • •							11g(ii)		
				on described in (i) or (ii)							11g(iii	1	\vdash
h				t the supported organiza								<u></u>	
	(i) N	ame of supported	(II) EIN	(m) Type of organization	(iv) Is the o	rganization	(v) Did ye	ou notify	(vi) l	s the	(vii)	Amoun	t of
	.,	organization		(described on lines 1-9		col (i) listed in your the organization in			organizati			support	
				above or IRC section (see instructions))	governing	ocument?	col (i) sup	or your port?	(i) organiz				
					Yes	No	Yes	No	Yes	No			
									<u></u>				
							L	ļ	<u> </u>				
			ļ						1				
					ļ	ļ			<u> </u>				
			ļ			}			İ				
		···-	Control (Control of the Control of t	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		-5.a % & -	Angelow in 1986	4. No. 11 (1982)	P.144.3444			
T-4	.1			Programme To the Control of the Cont			120						

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

Part II

(Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 · · · The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from In 4 八百種日 y 1. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 4 · · · · · 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support. Add lines 7 through 10 -2.3222 3763 4 1 4. 3 12 Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) % 15 15 % 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization • • • • • 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions - •

P	Support Schedule for Or (Complete only if you checked the			ction 509(a)(2)			
<u>Se</u>	ction A. Public Support						<u></u>
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	•			orr	0.470	0.705
2					255	2,470	2,725
3	Gross receipts from activities that are not an unrelated trade or bus under sec 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf • • • • • • • • • • • • • • • • • • •	,					
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5 · · · · · ·				255	2,470	2,725
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons • • • •						
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 · · · · · · · · · · · ·						· · · · · · · · · · · · · · · · · · ·
8	Public support (Subtract line 7c from line 6) · · · · · · · · · · · · · · · · · ·						2,725
Sec	ction B. Total Support						
Cal	endar year (or fiscal year beginning in) 🕨		(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6 · · · · · · · · · · · · · · · · · ·			3,865	255 15,925	•	2,725 32,901
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975			3,000	23,323	13,111	32,301
C	Add lines 10a and 10b · · · · · · · ·			3,865	15,925	13,111	32,901
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 assets (Explain in Part IV.)						<u>.</u>
13	Total support. (Add lines 9, 10c, 11, and 12) · · · · · · · · · · · · · · · · · · ·						35,626
	First five years. If the Form 990 is for the organization, check this box and stop here		• • • • • • • • • • • • • • • • • • • •				· · · · · > 🗓
	tion C. Computation of Public St					T T	
	Public support percentage for 2009 (line 8,		-			15	0.00 %
	Public support percentage from 2008 Sche			• • • • • • • • • •	• • • • • • • •	16	9
	ction D. Computation of Investme Investment income percentage for 2009 (lin			column (f)		17	0.00 %
	Investment income percentage for 2009 (iii		•			18	0.00 %
	33 1/3% support tests - 2009. If the organ 17 is not more than 33 1/3%, check this bo	ization did not che	ck the box on line	14, and line 15 is n	nore than 33 1/3%	, and line	′ · · · · · ▶ □
b	33 1/3% support tests - 2008. If the organ						▶ □

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

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below.

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

2009

Open to Public

OMB No 1545-0047

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

•	Section 501(c)(4), (5), or (6) organizations	s. Complete Part III				
N	ame of organization			· · · · · · · · · · · · · · · · · · ·	Employer ide	ntification number
C	HURCH, STATE, & INDUSTRY FOUNDA	TION, INC			20-4499	067
Pa	art I-A Complete if the organ	ization is exempt under section	on 501(c) or is	a section 52	27 organ	ization.
1	Provide a description of the organization					
2	Political expenditures • • • • • • •					
3	Volunteer hours · · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • •	• • • • • • •	•	
Pa		ization is exempt under section				
1	Enter the amount of any excise tax incur					
2	Enter the amount of any excise tax incur					
3	If the organization incurred a section 495					
4a		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • •	• • • • • • •	• • • • •	· Yes No
b						
		<u>ization is exempt under section</u>		ept section (<u>501(c)(3)</u>	•
1	Enter the amount directly expended by the		•			
_	activities			• • • • • • •	\$	
2	Enter the amount of the filing organization	<u> </u>				
_	527 exempt function activities · · · ·			• • • • • • •	\$	
3	Total exempt function expenditures. Add					
						DV DAL
4	Did the filing organization file Form 1120					
5	State the names, addresses and employ	, ,	•	•		
	were made. For each organization listed contributions received that were promptly	•			-	
	fund or a political action committee (PAC	•	-	-	barate segr	egaleu
	fund of a political action committee (PAC) in additional space is fleeded, provid	e information in P	I -		<u>-</u> .
	(a) Name	(b) Address	(c) EIN	(d) Amount pa filing organiz funds If none, e	ation's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-

EEA

Sch	edule C (Form 990 or 990-EZ) 2009 CHURCH, STATI	E, & INDUSTRY FO	UNDATION, INC		20-4499	0067 Page 2
P	art II-A Complete if the organization	n is exempt un	der section 501	(c)(3) and filed	Form 5768 (elec	
	under section 501(h)).					
Α	Check ▶ ☐ If the filing organization belongs	to an affiliated group) .			
В	Check if the filing organization checked	box A and "limited o	control" provisions ap	ply.		
	Limits on Lot	bying Expenditure	es		(a) Filing	(b) Affiliated
	(The term "expenditures"	means amounts pa	aid or incurred.)		organization's totals	group totals
1a	, , , , , , , , , , , , , , , , , , ,					
b	Total lobbying expenditures to influence a legis	lative body (direct lo	obbying) • • • • •	• • • • • • • •		
С	Total lobbying expenditures (add lines 1a and	1b) • • • • • • •	• • • • • • • • • • •	• • • • • • • •		
d	Other exempt purpose expenditures • • • •	• • • • • • • • •	• • • • • • • • • •			
е	Total exempt purpose expenditures (add lines	1c and 1d) • • • •	• • • • • • • • •	• • • • • • • • •		
f	Lobbying nontaxable amount Enter the amount	t from the following	table in both			
	columns					
	If the amount on line 1e, column (a) or (b) is	: The lobbying	nontaxable amour	nt is :	\$. m. 14	1 m
	Not over \$500,000	20% of the an	nount on line 1e.			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess	over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess	over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess of	ver \$1,500,000.		***
	Over \$17,000,000	\$1,000,000.	"			
g	Grassroots nontaxable amount (enter 25% of li	ne 1f) • • • • • •	• • • • • • • • • •			
h	Subtract line 1g from line 1a If zero or less, en	ter -0- · · · · ·	• • • • • • • • • •	• • • • • • • •		
i	Subtract line 1f from line 1c If zero or less, ent	er -0- • • • • • •	• • • • • • • • • •	• • • • • • • • •		
j	If there is an amount other than zero on either	line 1h or lıne 1i, dıd	the organization file	Form 4720 reportin	g	
	section 4911 tax for this year?		• • • • • • • • • •			Yes No
	4	l-Year Averaging P	eriod Under Sectio	n 501(h)		
	(Some organizations that	t made a section 5	01(h) election do no	ot have to complete		
	columns belo	ow. See the instruc	tions for lines 2a th	rough 2f on page	4.)	
	Lobb	vina Expenditures	During 4-Year Ave	raging Period	* 11	······································
			1	T		
	Calendar year (or fiscal year	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
	beginning in)					
2a	Lobbying non-taxable amount					
	Lobbying non-taxable amount					
b	Lobbying ceiling amount	· 2 · · · · · · · · · · · · · · · · · ·	20 P3		ž, , , , , , , , , , , , , , , , , , ,	
	(150% of line 2a, column (e))	ي يون سقو ير الع	\$ 1.4 1		. , 3	
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					
е		188				
	(150% of line 2d, column (e))	<u> </u>	· 投資() · · · · ·	<u> </u>	***************************************	
f	Grassroots lobbying expenditures			1		

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)). (a) (b) No Yes Amount During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? X X d X е Publications, or published or broadcast statements? X f X g X Х X j Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No 1 Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 2 Did the organization agree to carryover lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes." Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2b Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying 4 **Supplemental Information** Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5; and Part II-B, line 1i Also, complete this part for any additional information.

Federal Supporting Statements	2009 PG 01
Name(s) as shown on return	FEIN
CHURCH, STATE, & INDUSTRY FOUNDATION, INC	20-4499067

Statement #101

Form 990EZ, Part I, Line 5(c) Gain(Loss) from Sale of Public Securities Schedule

Gross Sales	\$11,550
Sales Expense	\$
Total Net	\$11,550
Basis	\$12,618
Gross Sales	\$19,230
Sales Expense	\$
Total Net	\$11,550
Basis	\$5,255
Gross Sales	\$10
Sales Expense	\$
Total Net	\$
Basis	\$