# SCANNED JUL 27 2010

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)

OMB No 1545-0047

Internal Revenue Service

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

Open to Public Inspection

Charles depoisable processors and street (or P.O. box if mail is not delivered to street address)    Number of voting members of the governing body (Part VI, line 1a)
Doing Business As   Doin
Doing Business As   25-1298611     Prior
Second Contributions and grants (Part VIII, Ine 1a)   Summer of ordinariose of the governing body (Part VI, Ine 1a)   Summer of voting members of the governing body (Part VI, Ine 1a)   State of countring and from Part VIII, Ine 1a)   State of the contributions and grants (Part VIII, Ine 1b)   State of the contributions and grants (Part VIII, Ine 1b)   Program service revenue (Part VIII, Ine 1b)   Programs service revenue (Part VIII, Ine 1b)   Programs and similar amounts paid (Part VI, Ine 2b)   Programs and similar amounts paid (Part VI, Ine 2b)   Programs and similar amounts paid (Part VI, Ine 2b)   Programs and similar amounts paid (Part VI, Ine 2b)   Programs and similar amounts paid (Part VI, Ine 2b)   Programs and similar amounts paid (Part VI, Ine 2b)   Programs and similar amounts paid (Part VI, Ine 2b)   Programs and similar amounts paid (Part VI, Ine 2b)   Programs and similar amounts paid (Part VI, Ine 2b)   Programs and similar amounts paid (Part VI, Ine 2b)   Programs and similar amounts paid (Part VI, Ine 2b)   Programs and similar amounts paid (Part VI, Ine 2b)   Programs and similar amounts paid (Part VI, Ine 2b)   Programs and similar amounts paid (Part VI, Ine 2b)   Programs and similar amounts paid (Part VI, Column (A), Ine 2b)   Programs and similar amounts paid (Part VI, Column (A), Ine 2b)   Programs and similar amounts paid (Part VI, Column (A), Ine 2b)   Programs and similar amounts paid (Part VI, Column (A), Ine 2b)   Programs and similar amounts paid (Part VI, Column (A), Ine 2b)   Programs and similar amounts paid (Part VI, Column (A), Ine 2b)   Programs and similar amounts paid (Part VI, Column (A), Ine 2b)   Programs and similar amounts paid (Part VI, Column (A), Ine 2b)   Programs and similar amounts paid (Part VI, Column (A), Ine 2b)   Programs and similar amounts paid (Part VI, Column (A), Ine 2b
Specific   Group return   Specific   Group return   Specific   Group return   Specific
City or town, state or country, and ZIP + 4   H(a) Is this a group return for affiliates?   Ves IX No same as C above   H(b) Are all affiliates?   Ves IX No same as C above   H(b) Are all affiliates?   Ves IX No for affiliates included?
Lake Mary   FL   32746   H(a) Is this a group return for affiliates?   Yes   X No may be a C above   F Name and address of principal officer:Dr   Robert   C   Sproul   Same as C above   H(b) Are all affiliates include?   Yes   No   If "No," attach a list (see instructions)   Mebsite:   www.ligonier.org   H(c) Group exemption number   F Name and address of principal officer:Dr   Robert   No   If "No," attach a list (see instructions)   H(c) Group exemption number   F Name and address of principal officer:Dr   No   If "No," attach a list (see instructions)   H(c) Group exemption number   F Name and address of principal officer: Dr   No   If "No," attach a list (see instructions)   H(c) Group exemption number   F Name and address of principal officer:Dr   No   If "No," attach a list (see instructions)   H(c) Group exemption number   F Name and address of principal officer:Dr   No   If "No," attach a list (see instructions)   H(c) Group exemption number   F Name and address of principal officer:Dr   No   If "No," attach a list (see instructions)   H(c) Group exemption number   F Name and address of principal officer:Dr   No   No   If "No," attach a list (see instructions)   H(c) Group exemption number   F Name and address of principal officer:Dr   No   No   If "No," attach a list (see instructions)   H(c) Group exemption number   F Name and address of principal officer:Dr   No   No   If "No," attach a list (see instructions)   H(c) Group exemption number   F Name and address of principal officer:Dr   No   No   If "No," attach a list (see instructions)   H(c) Group exemption number   Name and address of principal officer:Dr   No   No   If "No," attach a list (see instructions)   H(c) Group exemption number   Name and address of legal domicile:FL   Name and address of legal domic
Name and address of principal orticer:DT. ROBERT C. Sproul   Same as C above   No   Tax-exempt status: X 501(c) (3)
Taxexempt status   X   501(c) (3 )   (Insert no )   4947(a)(1) or   527
Website:
Form of organization:   X   Corporation   Trust   Association   Other   Lyear of formation: 1975   M State of legal domicile: FL
Part   Summary   1   Briefly describe the organization's mission or most significant activities: Dissemination of information, instruction, and training on Reformed Christian doctrine.
1 Briefly describe the organization's mission or most significant activities: Dissemination of information, instruction, and training on Reformed Christian doctrine.  2 Check this box   In the organization discontinued its operations or disposed of more than 25% of its net assets.  3 Number of voting members of the governing body (Part VI, line 1a)   3   9   4 Number of independent voting members of the governing body (Part VI, line 1b)   4   77   5 Total number of employees (Part V, line 2a)   5   117   6 Total number of volunteers (estimate if necessary)   6   300   7a Total gross unrelated business revenue from Part VIII, column (C), line 12   7a   0.    7b Net unrelated business taxable income from Form 990-T, line 34   Prior Year   8 Contributions and grants (Part VIII, line 1h)   11, 310, 259 . 12, 602, 759 . 9 Program service revenue (Part VIII, line 2g)   575, 346 . 755, 235 . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)   3, 362 . 4, 902 . 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   2, 139, 313 . 1, 877, 717 . 12 Total revenue add lines 8 through 11 (must gould part VIII) equal Part VIII equal Part V
instruction, and training on Reformed Christian doctrine.  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)  Number of voting members of the governing body (Part VI, line 1b)  Total number of employees (Part V, line 2a)  Total number of volunteers (estimate if necessary)  Total gross unrelated business revenue from Part VIII, column (C), line 12  Net unrelated business taxable income from Form 990-T, line 34  Total gross unrelated business taxable income from Form 990-T, line 34  Prior Year  Current Year  Prior Year  Current Year  Current Year  Program service revenue (Part VIII, line 1h)  Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)  Investment income (Part VIII, column (A), lines 3, 4, and 7d)  Other revenue (Part VIII, column (A), lines 3, 4, and 7d)  Total revenue - add lines 8 through 11 (must squal Part VIII solumn (A), line 12)  Benefits paid to or for members (Part IX, column (A), line 10)  Total fundraising expenses (Part IX, column (A), line 10)  Total fundraising expenses (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (A), line 11e)  Total expenses Add lines 13-17 (must equal Part IX, column (A), line 15)  Revenue less expenses Subtract line 18 from line 12  19 Revenue less expenses Subtract line 18 from line 12  481, 574. 1, 098, 838.
Total number of employees (Part V, line 2a)  Total number of volunteers (estimate if necessary)  Total gross unrelated business revenue from Part VIII, column (C), line 12  Net unrelated business taxable income from Port 990-T, line 34  Total gross unrelated business taxable income from Port 990-T, line 34  Total gross unrelated business taxable income from Port 990-T, line 34  Total gross unrelated business taxable income from Port 990-T, line 34  Total gross unrelated business taxable income from Port 990-T, line 34  Prior Year  Current Year  11, 310, 259. 12, 602, 759.  Program service revenue (Part VIII, line 2g)  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)  11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  12 Total revenue - add lines 8 through 11 (must goal Part VIII, column (A), line 12)  13 Grants and similar amounts paid (Part IX, column A), line 45  14 Benefits paid to or for members (Part IX, column (A), line 45)  15 Salaries, other compensation, employe be bediral (Part X, zolumn A), line 15  16a Professional fundraising fees (Part IX, column (A), line 16  b Total fundraising expenses (Part IX, column (A), line 17)  Total expenses (Part IX, column (A), line 19)  17 Other expenses (Part IX, column (A), line 19)  18 A 463, 727. 8, 368, 688.  18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses Subtract line 18 from line 12
Total number of employees (Part V, line 2a)  Total number of volunteers (estimate if necessary)  Total gross unrelated business revenue from Part VIII, column (C), line 12  Net unrelated business taxable income from Port 990-T, line 34  Total gross unrelated business taxable income from Port 990-T, line 34  Total gross unrelated business taxable income from Port 990-T, line 34  Total gross unrelated business taxable income from Port 990-T, line 34  Total gross unrelated business taxable income from Port 990-T, line 34  Prior Year  Current Year  11, 310, 259. 12, 602, 759.  Program service revenue (Part VIII, line 2g)  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)  11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  12 Total revenue - add lines 8 through 11 (must goal Part VIII, column (A), line 12)  13 Grants and similar amounts paid (Part IX, column A), line 45  14 Benefits paid to or for members (Part IX, column (A), line 45)  15 Salaries, other compensation, employe be bediral (Part X, zolumn A), line 15  16a Professional fundraising fees (Part IX, column (A), line 16  b Total fundraising expenses (Part IX, column (A), line 17)  Total expenses (Part IX, column (A), line 19)  17 Other expenses (Part IX, column (A), line 19)  18 A 463, 727. 8, 368, 688.  18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses Subtract line 18 from line 12
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Total number of employees (Part V, line 2a)  Total number of volunteers (estimate if necessary)  Total gross unrelated business revenue from Part VIII, column (C), line 12  Net unrelated business taxable income from Port 990-T, line 34  Total gross unrelated business taxable income from Port 990-T, line 34  Total gross unrelated business taxable income from Port 990-T, line 34  Total gross unrelated business taxable income from Port 990-T, line 34  Total gross unrelated business taxable income from Port 990-T, line 34  Prior Year  Current Year  11, 310, 259. 12, 602, 759.  Program service revenue (Part VIII, line 2g)  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)  11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  12 Total revenue - add lines 8 through 11 (must goal Part VIII, column (A), line 12)  13 Grants and similar amounts paid (Part IX, column A), line 45  14 Benefits paid to or for members (Part IX, column (A), line 45)  15 Salaries, other compensation, employe be bediral (Part X, zolumn A), line 15  16a Professional fundraising fees (Part IX, column (A), line 16  b Total fundraising expenses (Part IX, column (A), line 17)  Total expenses (Part IX, column (A), line 19)  17 Other expenses (Part IX, column (A), line 19)  18 A 463, 727. 8, 368, 688.  18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses Subtract line 18 from line 12
Net unrelated business taxable income from Form 990-T, line 34   Prior Year   Current Year
Net unrelated business taxable income from Form 990-T, line 34   Prior Year   Current Year
Net unrelated business taxable income from Form 990-T, line 34   Prior Year   Current Year
8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 Total revenue add lines 8 through 1 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), line 4) 15 Salaries, other compensation, employee bedefits (Part XX, polumn (A), line 15) 16a Professional fundraising fees (Part IX, column (A), line 11e) 15 Total fundraising expenses (Part IX, column (A), line 11e) 16 Total fundraising expenses (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 15) 19 Revenue less expenses Subtract line 18 from line 12  Prior Year 11, 310, 259, 12, 602, 759, 12, 602, 755, 235.  14, 902. 15, 139, 313. 1, 877, 717. 16, 11e, 12e, 139, 313. 1, 877, 717. 17 Other expenses (Part IX, column (A), line 4) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 15) 19 Revenue less expenses Subtract line 18 from line 12
8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), line 4) 15 Salaries, other compensation, employee bedefits (Part X, polumn (A), line 4) 16a Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 25) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12  11 11, 310, 259. 12, 602, 759.  575, 346. 755, 235.  3, 362. 4, 902.  2, 139, 313. 1, 877, 717.  14, 028, 280. 15, 240, 613.  19 14, 559, 227. 4, 973, 897.  325, 930. 799, 190.  325, 930. 799, 190.  325, 930. 799, 190.
9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must squal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX column (A), line 4) 15 Salaries, other compensation, employer bedefits (Part IX, polumn (A), line 4) 15 Salaries, other compensation, employer bedefits (Part IX, polumn (A), line 4) 16a Professional fundraising fees (Part IX, dolumn (A), line 11e) 17 Other expenses (Part IX, column (A), line 25) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12  10 Investment income (Part VIII, line 2g) 2
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), line 4)  14 Benefits paid to or for members (Part IX, column (A), line 4)  15 Salaries, other compensation, employee bedding (Part IX, column (A), line 4)  16a Professional fundraising fees (Part IX, column (A), line 11e)  17 Other expenses (Part IX, column (A), line 25)  18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses Subtract line 18 from line 12  2,139,313. 1,677,717.  14,028,280. 15,240,613.  197,822.  1
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), line 4)  14 Benefits paid to or for members (Part IX, column (A), line 4)  15 Salaries, other compensation, employee bedding (Part IX, column (A), line 4)  16a Professional fundraising fees (Part IX, column (A), line 11e)  17 Other expenses (Part IX, column (A), line 25)  18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses Subtract line 18 from line 12  2,139,313. 1,677,717.  14,028,280. 15,240,613.  197,822.  1
12 Total revenue - add lines 8 through 11 (must-equal Part VIII, selumn (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), line 4)  15 Salaries, other compensation, employee bedents (Part IX, reliumn (A), line 5-10)  16a Professional fundraising fees (Part IX, column (A), line 11e)  17 Other expenses (Part IX, column (A), line 25)  18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses Subtract line 18 from line 12  11 (12, 10, 10, 10, 10, 10, 10, 10, 10, 10, 10
13 Grants and similar amounts paid (Part IX, column (A), line 4)  14 Benefits paid to or for members (Part IX, column (A), line 4)  15 Salaries, other compensation, employe bedenty (Part IX, x, y,
14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee bedefits (Pjart XX, rolumn (A), line 5-10) 16a Professional fundraising fees (Part IX, dolumn (A), line 11e) 17 Other expenses (Part IX, column (A), line 15) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12  14 S59, 227
15 Salaries, other compensation, employed bedefit! (Plant X, golumn (A), lines 5-10)  16a Professional fundraising fees (Part IX, column (A), line 11e)  17 Other expenses (Part IX, column (A), lines 13-17 (must equal Part IX, column (A), line 25)  18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses Subtract line 18 from line 12  4 559, 227
16a Professional fundraising fees (Part IX, dolumn (A), line 11e)  b Total fundraising expenses (Part IX, column (A), line 25)  17 Other expenses (Part IX, column (A), line 25)  18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses Subtract line 18 from line 12  325,930.  799,190.  8,463,727.  8,368,688.  13,546,706.  14,141,775.  481,574.  1,098,838.
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line P5)  19 Revenue less expenses Subtract line 18 from line 12  10 A G G G G G G G G G G G G G G G G G G
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line P5)  19 Revenue less expenses Subtract line 18 from line 12  10 A G G G G G G G G G G G G G G G G G G
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses Subtract line 18 from line 12  13,546,706. 14,141,775. 481,574. 1,098,838.
19 Revenue less expenses Subtract line 18 from line 12 481,574. 1,098,838.
(0)
Beginning of Current Year   End of Year
Beginning of Current Year   End of Year
21 Total liabilities (Part X, line 26) 9,015,366. 9,064,663.
Part II   Signature Block
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete peclaration of preparer (other than officer) is based on all information of which preparer has any knowledge
b. = 1 Co kan
Sign Signature of officer
nere / - 3 / /
G. Todd Jackson, Chief Financi Type or print name and title
Paid Preparer's When hele W Wale, CYA
Preparer's Firm's name (or Batts Morrison Wales & T.
Preparer's    Signature   Muchele W Water, C/A    Firm's name (or yours if   Batts Morrison Wales & L
Preparer's Firm's name (or Batts Morrison Wales & L

932001 02-04-10 LHA For Privacy Act and Paperwork Reduction Act Not

Ligonier Ministries, Inc.

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Form **990** (2009)

Form 990 (2009) Ligonier Ministries, Inc.

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	<u>X</u>	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	_X_	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			7.7
	public office? If "Yes," complete Schedule C, Part I	_3_		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		<u>X</u>
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and	5	N/	7\
6	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III  Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to	3	14/	
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
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	X	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
_	Part X, line 16? If "Yes," complete Schedule D, Part IX			
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.  Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
12	Schedule D, Parts XI, XII, and XIII	12	x	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
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		X
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, Part I	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, Part II	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			7.7
	located outside the United States? If "Yes," complete Schedule F, Part III	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47	х	
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17	Λ	
18	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
		Form	990 (	

Form 990 (2009) Ligonier Ministries, Inc.

Part IV | Checklist of Required Schedules (continued)

04	Did the erganization report more than \$5,000 of grants and other assistance to governments and organizations in the		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			v
00	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	21		<u> X</u>
22		00		v
~~	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22_		<u> </u>
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		v	
	Schedule J	23_	Х	
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			77
	Schedule K. If "No", go to line 25	24a		X
	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
þ	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		<u> X</u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		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).			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X	
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) 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	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		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		<u> </u>
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		<u>X</u>
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_		<u> </u>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		_X_
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36_		<u> X</u>
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		<u> X</u>
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	
		Form	990 (	2009)

			Yes	No
12	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		103	140
	U.S. Information Returns Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  1b  0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			}
Ŭ	(gambling) winnings to prize winners?	1c	х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return  2a 117			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	За		х
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country. ▶			
_	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and			
	Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
	Tax Shelter Transaction?	5c_		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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	ļ
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7 <u>c</u>		X
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			٠,,
	benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
_	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the			
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings	_		
_	at any time during the year?  N/A	_8_	<u> </u>	<del>                                     </del>
9	Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?  N/A	0-		
		<u>9a</u> 9b		-
	- · · · · · · · · · · · · · · · · · · ·	ฮม	l	
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12  N/A  10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b			
11	Section 501(c)(12) organizations. Enter			ļ
	Gross income from members or shareholders  N/A			
_	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-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			

Form 990 (2009) Ligonier Ministries, Inc. 25-1298611 Page 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.

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	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 members of the			
	governing body?	7a		х
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following			
а	The governing body?	8a	Х	
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 reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue 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 chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	İ		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	Ì		
	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 with a			
	taxable entity during the year?	16a		<u>X</u>
þ	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►See Schedule O		_	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
	public inspection. Indicate how you make these available. Check all that apply.			
40	X Own website X Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, as	nd fina	ncial	
	statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	ion.	· —	
	Dr. G. Todd Jackson - 407-333-4244			
	400 Technology Park, Lake Mary, FL 32746			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- 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. 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 the organization did not co	(B)			(0	<b>)</b>			(D)	(E)	(F)
Name and Title	Average hours	(c)	Position check all that)				lνλ	Reportable compensation	Reportable compensation	Estimated amount of
	per week	Individual trustee or director	Institutional trustee	Officer		Highest compensated E		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
Dr. Robert C. Sproul	40.00							152 610		67 141
Minister/Chair/President	40.00	X		X				173,618.	0.	67,141.
Vesta Sproul Director/Asst to Chair	40.00	v						38,400.	0.	6,420.
James Campisi	40.00	A	<del>                                     </del>	_	$\vdash$			30,400.		0,420.
Director	1.00	x				'		0.	0.	0.
Pat Dizney		<del> </del>				ļ				
Director	1.00	X						0.	0.	0.
Gregory Miseyko										
Director	1.00	Х				L		0.	0.	0.
Dr. Archie B. Parrish									•	
Director	1.00	X	_	_	_	ļ		0.	0.	0.
David Stolzfus	1.00	v						0.	0.	0.
Director Stephen H. Levee	1.00	▞		┢		$\vdash$		0.		
Director	1.00	x						0.	0.	0.
Robert Godfrey						Т				
Director	1.00	X						0.	0.	0.
Dr. G. Todd Jackson									. –	
Chief Financial Officer	40.00			X				150,000.	0.	10,978.
Lillian Rozzi				ĺ	1					
V.P. Administration	40.00	<u> </u>		X		<u> </u>	<u> </u>	68,000.	0.	7,293.
John Duncan								440 405		10 050
V.P. Ministry Outreach	40.00	-	ļ.—	<u> </u>		X		142,405.	0.	10,978.
Christopher Larson	40.00			l		1,7		140 000	_	10 670
Executive Vice President	40.00	<u> </u>	ļ			X	-	140,000.	0.	10,678.
		-								
		-	-	_	-			,		
	<del></del>			_						
		٠		Ц	Ц.		<u> </u>	<u> </u>		OOO (2222)

	1 DIQUITEL	MILITAGE	(	- C /		-110	·•			23-127	, O I I		ige C
rar	t VII Section A. Officers, Directors, Tru	stees, Key Er	nplo	yee	s, a	nd l	ligh	est	Compensated Employ	ees (continued)			
	(A)	(B)			(0	<b>C)</b>			(D)	(E)		(F)	
	Name and title	Average			Pos	ition			Reportable	Reportable	E:	stimate	d
		hours	(cl	neck	all t	that	арр	ly)	compensation	compensation	ar	nount	of
		per	tor						from	from related		other	
		week	Individual trustee or director				,		the	organizations	1	pensa	
			.ee or	ste			nsate		organization	(W-2/1099-MISC)	1	rom th	
			trus	altı		oyee	E		(W-2/1099-MISC)		1 .	janizat d relat	
			ndua	nstitutional trustee	-i-	Key employee	estc	声			1	anızatı	
			턀	Instr	Officer	Ę.	Highest compensated employee	Former			Gig	umzum	0113
				-		_					<del>                                       </del>		
			_										
			_				-				-		
				<u> </u>							ļ		
											1		
					_								
			<del>  -</del>	<u> </u>		-	-				1		
1b	Total						<b>&gt;</b>		712,423.	0	.  11	3,4	88.
2	Total number of individuals (including but n	ot limited to th	nose	liste	ed a	bov	e) wh	no re	eceived more than \$100	,000 in reportable			
	compensation from the organization									<del></del>		T > 4	4
												Yes	No
3	Did the organization list any former officer,	director or tru	stee	, ke	y en	nplo	yee,	or h	nighest compensated en	nployee on			
	line 1a? If "Yes," complete Schedule J for s	uch individual									3	ļ	_X
4	For any individual listed on line 1a, is the su	ım of reportab	le c	omp	ensa	atior	n and	oth	her compensation from	the organization			
	and related organizations greater than \$150										4	X	
5	Did any person listed on line 1a receive or a				rom	any	unr/	elat	ed organization for servi	ices rendered to			
	the organization? If "Yes," complete Sched	ule J for such	pers	on							5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation
Douglas Shaw & Associates, 490 East	Fund raising &	
Roosevelt Rd, Ste 101, West Chicago, IL	Promotions	<u>815,028.</u>
RR Donnelley	Printing and Mail	
PO Box 730216, Dallas, TX 75373	Services	<u>559,290.</u>
United Parcel Service		
PO Box 7247-0244, Philadelphia, PA 19170	Shipping Services	325,575.
US Postmaster		
6869 Stapoint Court, Winter Park, FL 32792	Shipping Services	167,507.
Media Tech Plus		
P.O. Box 905647, Charlotte, NC 28290	Production Services	156,166.
2 Total number of independent contractors (including but not limited to those liste	ed above) who received more than	
\$100,000 in compensation from the organization		
		Form 990 (2009)

# Form 990 (2009) Ligonier Ministries, Part IX | Statement of Functional Expenses

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

Do	All other organizations must comp not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C)	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21		·		
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				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
Ī	trustees, and key employees	521,849.	283,048.	210,243.	28,558
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	4,360,026.	2,552,259.	1,352,221.	455,546
8	Pension plan contributions (include section 401(k)		•		
	and section 403(b) employer contributions)	92,022.	53,875.	28,285.	9,862
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees).				
а				j	
b	·	16,031.		16,031.	
С	Accounting	46,600.		46,600.	
d					
е	Professional fundraising services. See Part IV, line 17	799,190.			799,190
f	Investment management fees				
g	Other	374,145.	284,784.	89,361.	
12	Advertising and promotion	211,718.	100,620.	3,900.	107,198
13	Office expenses	1,279,602.	447,996.	44,333.	787,273
14	Information technology	343,216.	210,775.	113,560.	18,881
15	Royalties	155,603.	155,603.		
16	Occupancy	547,861.	187,385.	303,693.	56,783.
17	Travel	567,220.	418,465.	24,809.	123,946.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings		· ·		
20	Interest	23,663.	1,300.	22,144.	219
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	425,503.	321,724.	49,462.	54,317
23	Insurance	205,716.	63,954.	132,309.	9,453.
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	Radio/TV Airtime	2,920,262.	2,920,262.		
b	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	497,496.	497,496.		
С	mandada a se eda melakada	308,455.	276,977.		31,478
d		297,218.	62,742.	98,236.	136,240
е	Miscellaneous	134,397.	55,352.	50,182.	28,863
	All other expenses	13,982.	9,753.	950.	3,279
25		14,141,775.	8,904,370.	2,586,319.	2,651,086
26	Joint costs Check here ▶ ☐ If following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing	1,455,010.	1	1,728,964.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	79,310.	4	62,937.
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
	İ	Part II of Schedule L		6	
रु	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	1,138,817.	8	992,063.
As	9	Prepaid expenses and deferred charges	311,791.	9	292,249.
	10a	Land, buildings, and equipment: cost or other			
		basis Complete Part VI of Schedule D 10a 20, 251, 143	3.		
	ь	Less. accumulated depreciation 10b 4,734,598		10c	15,516,54 <u>5.</u>
	11	Investments - publicly traded securities	8,923.	11	8,923.
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	104,280.	15	323,707.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	17,601,461.	16	18,925,388.
	17	Accounts payable and accrued expenses	1,167,697.	17	1,255,952.
	18	Grants payable		18	
	19	Deferred revenue	436,024.	19	450,402.
	20	Tax-exempt bond liabilities		20	
Š	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ij	22	Payables to current and former officers, directors, trustees, key employees,			
abi		highest compensated employees, and disqualified persons. Complete Part II			
Liabilities		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	6,957,039.	23	7,079,495.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D	454,606.	25	278,814.
	26	Total liabilities. Add lines 17 through 25	9,015,366.	26	9,064,663.
		Organizations that follow SFAS 117, check here   X and complete			
S		lines 27 through 29, and lines 33 and 34.			
ğ	27	Unrestricted net assets	8,297,531.	27	9,792,225.
lala	28	Temporarily restricted net assets	278,564.	28	58,500.
d E	29	Permanently restricted net assets	10,000.	29	10,000.
Ē		Organizations that do not follow SFAS 117, check here   and			
ō		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
\ss	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ź	33	Total net assets or fund balances	8,586,095.	33	9,860,725.
	34	Total liabilities and net assets/fund balances	17,601,461.	34	18,925,388.

Form **990** (2009)

Form	1990 (2009) Ligonier Ministries, Inc. 25-1298	<u> 3611</u>	Pag	ge <b>12</b>
Pa	rt XI   Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990.			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			İ
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		_X
b	Were the organization's financial statements audited by an independent accountant?	2b_	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both.			
	X Separate basis 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 Single Audit			
	Act and OMB Circular A-133?	_3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

# **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

**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

Name of the organization

Employer identification number

Dort I	Paggan	Ligonie	r Ministries	, Inc		- Al			25	5-1298	611	_
Part I			ity Status (All organiz					tructions.		-		_
1	A church, cor A school des	nvention of churche cribed in section 17	because it is: (For lines of s, or association of chure (O(b)(1)(A)(ii). (Attach Sc tal service organization of	ches desci	ribed in se	ection 170	(b)(1)(A)(i)	).				
4	•	search organization	operated in conjunction					(b)(1)(A)(ii	i), Enter ti	he hospital'	s name,	
5	section 1700 A federal, state An organization 1700 A community An organization activities related income and use a section and organization and an organization are publicly describes that a Type II By checking foundation in If the organization and If the organization and If the organization and If the organization and If the organization and II the organization an	(b)(1)(A)(iv). (Complete, or local government on that normally received in such that normally received to its exempt further that normally received to its exempt further that normally received to its exempt further that the summan of the su	ent or governmental universe a substantial part of the Part II ) section 170(b)(1)(A)(vi). Serves. (1) more than 33 forctions - subject to certa axable income (less sections) and the perated exclusively to temperated exclusively for the ations described in section organization and complete the organization is not than one or more publicition determination from the person of the	t described of its supp (Complete 1/3% of its ain exception 511 taust for public ne benefit on 509(a)(1/2) etc lines 1/2 controlled by supported the IRS that any gift or colone or tog	d in section and in section and in section and in support from such as a fety sof, to perform the through the lili - Function and in the section a	on 170(b)(1) government governmen	butions, me than 33 1 acquired beneficions of, 2). See second of the follow of the fol	or from the nembershi 1/3% of its by the organication 509(its rection 509; et ill owing persons person	p fees, and support in the part of the par	oublic descr and gross rec from gross in after June 36 purposes of eck the box Type III - Copersons oth	eeipts from investment 0, 1975 f one or that Other er than	
h	Provide the in	ollowing information		yanızatıon	(s)	1		·				
	of supported nization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	in col. (i) lis governing	organization sted in your document?	organızat (i) of you	u notify the non in col.	(vi) Is organizatio (i) organiz U.S	on in col.	(vii) Am supp		
-			(see instructions))	Yes	No	Yes	No	Yes	No			_
<del> </del>												_
												_
					_							
rotal .												

	edule A (Form 990 or 990-EZ) 2009 L art II Support Schedule for	igonier M Organizations	inistries Described in	, Inc. Sections 170	(b)(1)(A)(iv) an	25-129 d 170(b)(1)(A)(	98611 Page 2 vi)
	(Complete only if you checke	d the box on line 5	, 7, or 8 of Part I)				
Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	9369117.	8565927.	12524889.	11310259.	12602759.	54372951.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						1
	or expended on its behalf						
3	The value of services or facilities			1			
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	9369117.	8565927.	12524889.	11310259.	12602759.	54372951.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly	1					
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,				•		
	column (f)						1983283.
	Public support. Subtract line 5 from line 4			<u> </u>			52389668.
Se	ction B. Total Support	,		· · · · · · · · · · · · · · · · · · ·	···-		
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	9369117.	8565927.	12524889.	11310259.	12602759.	54372951.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	2,848.	1,599.	5,934.	65,625.	56,239.	132,245.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on					ļ <u>.</u>	
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)	84,090.	121,291.	159,757.	189,991.	229,353.	784,482.
11	Total support. Add lines 7 through 10						55289678.
12	Gross receipts from related activities,	etc (see instruction	ons)			12 21	L,788,373.
13	First five years. If the Form 990 is for	r the organization's	s first, second, thii	rd, fourth, or fifth t	ax year as a sectio	on 501(c)(3)	. —
<u></u>	organization, check this box and stor		roomtogo				
	ction C. Computation of Publ		···.				0.4 55
	Public support percentage for 2009 (	•	•	column (f))		14	94.75 %
	Public support percentage from 2008					15	94.59 %
16a	33 1/3% support test - 2009. If the o	-			14 is 33 1/3% or m	nore, check this bo	
	stop here. The organization qualifies		-				. <b>• X</b>
t	33 1/3% support test - 2008.If the o	•		•	line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual	•			10 10 10		
17a	10% -facts-and-circumstances tes	•					
	and if the organization meets the "fac			•	•	π IV now the orga	Inization
	meets the "facts-and-circumstances"	•	•		-		1001
t	10% -facts-and-circumstances tes	_					
	more, and if the organization meets the						e <b>∟</b> ┌──
10	organization meets the "facts-and-circ		•	•			

Pa	rt III Support Schedule for C	Organizations	Described in	Section 509(a)	(Complete onl	y if you checked the bo	ox on line 9 of Part I.)
	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	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						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-			·			
7	ization's benefit and either paid to						
	or expended on its behalf						
_	The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
		·				-	
	Total. Add lines 1 through 5						
/ a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons					<del></del>	
U	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						
_	Add lines 7a and 7b						<del></del>
	Public support (Subtract line 7c from line 6)	L		<u> </u>	<u> </u>		
	ction B. Total Support	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	endar year (or fiscal year beginning in)  Amounts from line 6	(a) 2005	(B) 2008	(6) 2007	(u) 2008	(e) 2003	(i) rotai
-	Gross income from interest,			<del></del> -			
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources		1				
	Unrelated business taxable income						
Ų	(less section 511 taxes) from businesses			İ			
	acquired after June 30, 1975						
	•					· · · · · · · · · · · · · · · · · · ·	
11	Add lines 10a and 10b  Net income from unrelated business					· · · · · · · · · · · · · · · · · · ·	<del></del>
• •	activities not included in line 10b,						
	whether or not the business is						
10	regularly carried on Other income Do not include gain						
12	or loss from the sale of capital						
	assets (Explain in Part IV.)			<del></del>			
	Total support (Add lines 9, 10c, 11, and 12)	<u> </u>	L	<u> </u>	Ļ		<u> </u>
14	First five years. If the Form 990 is for	r the organization's	s first, second, thi	rd, fourth, or fifth to	ax year as a sect	ion 501(c)(3) organiz	ation,
	check this box and stop here	:- C		<del> </del>		<del></del>	
	tion C. Computation of Publ		<del></del>			T I	
	Public support percentage for 2009 (	,	•	column (f))		15	<u>%</u>
	Public support percentage from 2008					16	<u>%</u>
	tion D. Computation of Inves					L-	
	Investment income percentage for 20			ne 13, column (t))		17	%
18					45	18	%   7 to not
19a	33 1/3% support tests - 2009. If the						ı ∕ıs not ⊾
	more than 33 1/3%, check this box a	· ·					<b>▶</b> □
b	33 1/3% support tests - 2008. If the	•					and
	line 18 is not more than 33 1/3%, che	ock this box and st	op here. The orga	inization qualifies a	as a publicly supp	oorted organization	▶ <u></u>

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

# Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

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.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

	Ligonier Ministries, Inc.	25-1298611
Par	t I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fun	nde
3	·	Yes No
_	are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used of	-
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confer	<u> </u>
Par	impermissible private benefit?	Yes No
Pai	· · · · · · · · · · · · · · · · · · ·	, iine 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or pleasure)  Preservation of an historical	• •
	Protection of natural habitat Preservation of a certified hi	istoric structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	onservation easement on the last
	day of the tax year.	
		Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	nization during the tax
	year >	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during t	the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year	ear <b>&gt;</b> \$
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(E	3)(1)
	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense state	ment, and balance sheet, and
	include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's	
	conservation easements.	•
Par	rt 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, 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 se	rvice, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these items.	
ь	If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance she	eet works of art, historical treasures,
	or other similar assets held for public exhibition, education, or research in furtherance of public service, provi	
	these items:	
	(i) Revenues included in Form 990, Part VIII, line 1	<b>▶</b> \$
	(ii) Assets included in Form 990, Part X	► \$ ► \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain,	
2	- · · · · · · · · · · · · · · · · · · ·	PIONICO
_	the following amounts required to be reported under SFAS 116 relating to these items:	▶ ¢
a	Revenues included in Form 990, Part VIII, line 1	► \$ ► \$
þ	Assets included in Form 990, Part X	<b>&gt;</b> \$

		<u>r Ministrie</u>					<u> 129861</u>		
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, d	or Other	Similar As	<b>sets</b> (cont	ınued)	
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the	following tha	it are a sigi	nificant use of	its collectio	n item	s
	(check all that apply)								
а	Public exhibition	d	Loan or exc	hange progra	ams				
b	Scholarly research	е	Other						
c	Preservation for future generations			_					
4	Provide a description of the organization's co	allections and explain	how they further t	he organizati	on's exem	nt nurnose in	Part XIV		
5	During the year, did the organization solicit o								
3	to be sold to raise funds rather than to be ma				01 011111101 0	.00013	Yes		No
Par	t IV Escrow and Custodial Arran				s" to Form	990 Part IV I			1110
<u> </u>	reported an amount on Form 990, Par		no ii organization ai	10110100 10	3 10 1 0 1111	000,1 0.1117,1			
	Is the organization an agent, trustee, custod		iany for contribution	s or other as	eate not in	cluded			
ıa	on Form 990, Part X?	an or other intermed	lary for contribution	is or other as	isets flot ii	iciaaca	Yes		No
	•	and complete the fol	llavena tablar				163	<b></b>	1 140
D	If "Yes," explain the arrangement in Part XIV	and complete the loa	llowing table				Amoun		
						<del>  _   -   -                       -  </del>	Amoun	<u>.                                    </u>	
C	Beginning balance					1c			
	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f	<u> </u>	$\overline{}$	٦
	Did the organization include an amount on F		21?				Yes		∐ No
	If "Yes," explain the arrangement in Part XIV				D/ L 40				
Par	t V Endowment Funds. Complete			1					
		(a) Current year	(b) Prior year	(c) Two yea	rs back   (c	I) Three years b	ack (e) Fou	years	back
1a	Beginning of year balance	10,000.	10,000.						
b	Contributions	· · · · · · · · · · · · · · · · · · ·		ļ <u>-</u>					
C	Net investment earnings, gains, and losses		648.						
d	Grants or scholarships		648.						
е	Other expenditures for facilities								
	and programs			<u>.</u>					
f	Administrative expenses								
g	End of year balance	10,000.	10,000.						
2	Provide the estimated percentage of the year	r end balance held a	s·						
а	Board designated or quasi-endowment		_%						
b	Permanent endowment ► 100.00	%							
С	Term endowment	%							
За	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	and administe	ered for the	organization			
	by.							Yes	No
	(i) unrelated organizations						3a(i)		X
	(ii) related organizations						3a(ii)		_X_
ь	If "Yes" to 3a(ii), are the related organization:	s listed as required o	n Schedule R?				3b		<u></u>
4	Describe in Part XIV the intended uses of the	organization's endo	wment funds						
Pai	t VI Investments - Land, Building			), Part X, line	10				
•	Description of investment	(a) Cost or o	ther (b) Cost	t or other	(c) Acc	umulated	(d) Boo	k valu	e
	F	basis (investri	1 ' '	(other)	depr	eciation	, ,		
1a	Land		4,46	7,588.			4,46	7,5	88.
	Buildings			8,859.	7	51,977.	7,13		
0	Leasehold improvements			2,830.		91,320.		1,5	
Ч	Equipment			2,649.		90,169.	1,50		
	Other			9,217.		1,132.	2,40		
	l. Add lines 1a through 1e (Column (d) must e	gual Form 990, Part				<b>&gt;</b>	15,51		

Federal Income taxes

Interest Rate Swap Contracts, at

Estimated Fair Value 278,814.

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

278,814.

2. FIN 48 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 FIN 48

	dule D (Form 990) 2009 Ligonier Ministries, Inc.			<u> 25-</u>	1298611	Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited Final	ncial State	men		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		15,240	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		14,141	
3	Excess or (deficit) for the year Subtract line 2 from line 1		3		1,098,	838.
4	Net unrealized gains (losses) on investments		4			
5	Donated services and use of facilities		5			
6	Investment expenses		6			
7	Prior period adjustments		7			
8	Other (Describe in Part XIV)		8		175	792.
9	Total adjustments (net) Add lines 4 through 8		9		175,	<u>792.</u>
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and		10			630.
Par	t XII Reconciliation of Revenue per Audited Financial Stateme	ents With Reve	nue per R	eturr		
1	Total revenue, gains, and other support per audited financial statements			1	16,744	224.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains on investments	2a				
b	Donated services and use of facilities	2b				
C	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIV.)	2d		1		_
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	16,744	224.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.	1 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV)	4b < 1,5	03,611.	<b>&gt;</b>	4	
С	Add lines 4a and 4b			4c	<1,503	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	anta With Evn		5 Dot:	15,240	613.
	t XIII Reconciliation of Expenses per Audited Financial Statem	ents with Exp	enses per			206
1	Total expenses and losses per audited financial statements			1	15,645	300.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25					
a	Donated services and use of facilities	2a	· <u> </u>	1		
b	Prior year adjustments	2b	<del> </del>	1		
C	Other losses	2c 2d 1,5	03,611.			
d	Other (Describe in Part XIV.)	20 1,5	05,011.	2e	1,503	611
e	Add lines 2a through 2d Subtract line 2e from line 1			3	14,141	
3	Amounts included on Form 990, Part IX, line 25, but not on line 1				14/111	11131
4	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
a	Other (Describe in Part XIV)	4b				
	Add lines 4a and 4b	70 1		4c		0.
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	14,141	
	t XIV Supplemental Information			<u> </u>		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II	II. lines 1a and 4: F	art IV. lines 1	b and	2b. Part V. line	4; Part
	e 2; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp					
	et V, line 4: Earnings from the endowment		-			
pro	ovide scholarships to needy individuals to	attend c	onferen	ces	of the	
Org	ganization.					
		· -·		_		
_						
Pai	t XI, Line 8 - Other Adjustments:					
Ch:	ange in estimated fair value of interest r	ate gwan :	contrac	te		
<u></u>	inge in escimaced tail value of interest f	ace swap	COLLCTAC	<u> </u>		
<u>\$1</u>	75,792	<del></del>				
			<del></del>			

Schedul	e D (Fo	rm 990) 200	)9	<u>Lic</u>	<u>jonier</u>	<u>Ministries,</u>	Inc.	25-1298611 Page 5
Part )	(IV <sub>S</sub>	uppleme	ntal Info	rmatic	n (continue	ed)		
Domb	<b>V</b> T-	r time	- 1h	0+1		duatmonta.		
Part	VT.	г, пти	2 4D -	- 001	ier Ad	justments:	· · · · · · · · · · · · · · · · · · ·	
Cost	of	Goods	Sold	and	Donor	Fulfillment	(\$1,503,611)	
D = ===	VT-	r <b>-</b> + 4.	24	<b>~</b>	. h	44		
Part	AI.	L1, L1	ie za	- 00	ner A	djustments:		
Cost	of	Goods	Sold	and	Donor	Fulfillment	\$1,503,611	
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# 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.

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990. See separate instructions. Inspection

offices employees or in the region agents in region recipients located in the region)  In the region of service, agents to recipients located in the region of service (s) in region  Translation of Ligonier educational materials into the language of	n number
Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b  1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes  2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States  3 Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed)  (a) Region (b) Number of offices employees or in the region region region region region region recipients located in the region)  Translation of Ligonier educational materials into the language of	
to Form 990, Part IV, line 14b  1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States  3 Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed )  (a) Region  (b) Number of offices in the region agents in program services, grants to region region region region recipients located in the region)  Translation of Ligonier educational materials into the language of	
For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States  Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed)  (a) Region (b) Number of offices in the region in the region region region region region region of service(s) in region  Translation of Ligonier educational materials into the language of	
grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States  3 Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed )  (a) Region (b) Number of offices in the region offices in the region region region (b) type) (i.e., fundraising, program service, grants to recipients located in the region)  Translation of Ligonier educational materials into the language of	
2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States  3 Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed.)  (a) Region (b) Number of offices in the region in the region region region region region recipients located in the region)  (b) Number of offices in the region region recipients located in the region recipients located in the region reducational materials into the language of	□ No
3 Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed.)  (a) Region (b) Number of offices in the region in the region region (by type) (i.e., fundraising, program services, grants to recipients located in the region)  Translation of Ligonier educational materials into the language of	140
(a) Region  (b) Number of offices in the region in the region  (c) Number of offices employees or in the region region  (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)  (e) If activity listed in (d) is a program service, describe specific type of service(s) in region  (a) Region  (b) Number of offices employees or agents in region (by type) (i.e., fundraising, program services, grants to describe specific type of service(s) in region  (c) Number of (by type) (i.e., fundraising, program services, grants to describe specific type of service(s) in region  (d) Activities conducted in region  (e) If activity listed in (d) is a program service, describe specific type of service(s) in region  (f) Activities conducted in region  (ii) Activities conducted in region  (iii) Activities cond	
offices employees or in the region agents in region recipients located in the region)  In the region of service, agents to recipients located in the region of service (s) in region  In the region recipients located in the region of service (s) in region  In the region recipients located in the region of service (s) in region  In the region recipients located in the region of service (s) in region reducational materials into the language of	
educational materials into the language of	f) Total enditures r region
into the language of	
Europe 0 0 Program Services region.	60,000.
	_
Totals D 0 0	60,000.

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

Schedule F (Form 990) 2009

Schedule F (Form 990) 2009	e Ligon	<u>ier Ministri</u>	es, Inc.		25-12	98611		Page 2
Part II Grants and Other recipient who recipient	er Assistance to Org ceived more than \$5,0	ganizations or Entities	Outside the United States. Coone recipient received more				990, Part IV, line 15, for	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(a) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
				-				

2	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	
2	Cates total asserber of other exposurations or entries	

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16 Use Schedule F-1 (Form 990) if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (e) Manner of cash disbursement (c) Number of (d) Amount of (f) Amount of (g) Description of (b) Region (a) Type of grant or assistance cash grant recipients non-cash non-cash assistance assistance

Schedule F (Form 990) 2009 Ligonier Ministries, Inc. 25-1298611 Page 4 Part IV Supplemental Information
Complete this part to provide the information required in Part I, line 2, and any additional information.
Ligonier accounts for expenditures to foreign organizations and
individuals through vendor payments based on the actual work or services
performed.
<u> </u>

932074 02-01-10

Schedule F (Form 990) 2009

#### SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**Supplemental Information Regarding Fundraising or Gaming Activities** 

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

OMB No. 1545-0047

Open To Public Inspection

Name of the organization

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

Employer identification number Ligonier Ministries, Inc. 25-1298611 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Form 990-EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants b Phone solicitations Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? X Yes \_\_ No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid (iii) Did (vi) Amount paid (iv) Gross receipts (i) Name of individual (or retained by) to (or retained by) (ii) Activity have custody or control of contributions? fundraiser or entity (fundraiser) from activity organization listed in col (i) Douglas Shaw & Consulting, comm. Yes No 815,028.1,742,699. Associates, Inc. & direct mail svcs X 2,557,727. 2,557,727. 815,028. 1,742,699. Total 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NM NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule G (Form 990 or 990-EZ) 2009

Sch Pa	edu art l	le G (Form 990 or 990-EZ) 2009 Ligoni II Fundraising Events. Complete if the on Form 990-EZ, line 6a. List events with	ne organization answered	d "Yes" to Form 990, Par	25- t IV, line 18, or reported	-12986 more than	11 Pa	<u>age 2</u> 0
			(a) Event #1	(b) Event #2	(c) Other events	(add col.		
ę			(event type)	(event type)	(total number)	1	ol <b>(c)</b> )	
Revenue	1	Gross receipts				<u> </u>		_
	2	Less. Charitable contributions				<u> </u>		
	3_	Gross income (line 1 minus line 2)						
	4	Cash prizes						
ses	5	Noncash prizes						
Direct Expenses	6	Rent/facility costs						_
Direct	7	Food and beverages						
	8	Entertainment						
	9	Other direct expenses						_
	10	Direct expense summary Add lines 4 through			<b>.</b>			)
De	<u>11</u> 	Net income summary Combine line 3, colum III Gaming. Complete if the organization		000 Ded IV less 10 es				
<u> </u>	21 L	\$15,000 on Form 990-EZ, line 6a	answered tes to roim	1990, Part IV, line 19, or i	reported more trian			
	I	\$13,000 on Form 990-E2, line da	T	(b) Pull tabs/instant		(d) Total	aamina	(add
ηne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) the		
Revenue			• • • • • • • • • • • • • • • • • • • •			<del>  ``</del>		
ď	1	Gross revenue		İ				
ses	2	Cash prizes		<u> </u>				
Expenses	3	Noncash prizes				ļ	<del> </del>	
Direct	4	Rent/facility costs						
	5	Other direct expenses						
			Yes %	Yes %	Yes %	1		
	6	Volunteer labor	No No	No No	□ No	<del> </del>		_
	7	Direct expense summary Add lines 2 through	h 5 ın column (d)		<b>&gt;</b>	<u> </u>		)
	8	Net gaming income summary. Combine line 1	1, column (d), and line 7		•			
							Yes	No
		ter the state(s) in which the organization opera the organization licensed to operate gaming ac		states?		9 <u>a</u>	1	
b	If "	No," explain						
10=	We	ere any of the organization's gaming licenses re	evoked, suspended or to	erminated during the tax	vear?	10	a	
		Yes," explain:	1.13.154, Suspended of te	during the tax	, - <del></del> ·	100		
11		es the organization operate gaming activities v	with nonmembers?			11		

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to

administer charitable gaming?

<u>Sct</u>	nedule G (Form 990 or 990-EZ) 2009 Ligonier Ministries, Inc.	25-12	<u>9861</u>	1 P	age 3
				Yes	
13	Indicate the percentage of gaming activity operated in:				
á	a The organization's facility	13a 9	6		
ŀ	n An outside facility	13b 9	6	}	
14	Enter the name and address of the person who prepares the organization's gaming/special events books a	nd records.			
	Name		.		
					}
	Address >				
15	a Does the organization have a contract with a third party from whom the organization receives gaming rever	ue?	15a		
	of "Yes," enter the amount of gaming revenue received by the organization > \$ and	the emount			
٠	of gaming revenue retained by the third party  \$	me amount			
	of garming revenue retained by the third party    If "Yes," enter name and address of the third party:				
`	, in 163, office hard address of the third party.				
	Name				
			•		
	Address >				
			'		
16	Gaming manager information:				
	Name				
	Gaming manager compensation > \$				
	December of converse monded N				
	Description of services provided		.		
					1
	Director/officer Employee Independent contractor				
	Employee Employee				
17	Mandatory distributions				1
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?		17a		
Ł	Enter the amount of distributions required under state law to be distributed to other exempt organizations of	r spent in the			
	organization's own exempt activities during the tax year				

Schedule G (Form 990 or 990-EZ) 2009

#### SCHEDULE J (Form 990)

Department of the Treasury

# **Compensation Information**

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

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

2009

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

➤ Attach to Form 990. ➤ See separate instructions.

Ligonier Ministries, Inc. Employer identification number 25-1298611

**Questions Regarding Compensation** Part I Y<u>es</u> No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items X First-class or charter travel X Housing allowance or residence for personal use Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax indemnification and gross-up payments Personal services (e.g., maid, chauffeur, chef) Discretionary spending account b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain X 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, Х trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply. X Written employment contract X Compensation committee X Compensation survey or study X Independent compensation consultant Approval by the board or compensation committee X Form 990 of other organizations During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization. a Receive a severance payment or change-of-control payment? 4a X Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of. X 5a The organization? X b Any related organization? 5b If "Yes" to line 5a or 5b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of. X a The organization? 6b X Any related organization? If "Yes" to line 6a or 6b, describe in Part III 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments X not described in lines 5 and 6? If "Yes," describe in Part III Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III 8 X If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

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

Schedule J (Form 990) 2009

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	ISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported in prior Form 990 or Form 990-EZ
	(i)	173,618.			6,948.	60,193.	240,759.	
Dr. Robert C. Sproul	(ii)		<del></del>				150 070	
	(i)	150,000.			4,500.	6,478.	160,978.	
Dr. G. Todd Jackson	(ii)	140 405		-	4 500	6 470	153,383.	
John Duncan	(i) (ii)	142,405.			4,500.	6,478.	153,363.	
Joini Duncan	(i)	140,000.			4,200.	6,478.	150,678.	
Christopher Larson	(ii)	110,000			1/2000		20070.00	•
	(i)							
	(ii)							
	(1)		<u> </u>					
	(ii)							
	(i)				-			
	(ii)							
	(i)		-			<del></del>		
	(ii)							
	(i) (ii)			~				
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	(ii)							
	(i)				-			
	(ii)							
	(i)			_		<del></del>		
	(ii) (i)							
	(i) (ii)	-						

Part III | Supplemental Information

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

Nontaxable benefits for Dr. Robert C. Sproul include a

ministerial housing allowance under Section 107 of the IRC. See Schedule O

for a detailed description of the process used to set the compensation for

Dr. Sproul.

The Organization's executive expense reimbursement policy permits two
senior members of its executive staff to utilize "first class" seating for
air travel when the cost of doing so is economically reasonable in order to
accommodate the special physical needs of the individuals and to permit
such individuals to productively utilize air travel time to perform work
for the Organization's ministry activities. When possible, the
Organization utilizes frequent flyer miles/points to obtain an upgrade to
first class seating. The Organization would prefer "business class" flight
accommodations for such purposes; however, domestic air carriers do not
generally offer business class. The Organization's board of directors
considers the selective utilization of such accommodations to be good
stewardship of the Organization's resources, as loss of productive work
time would be costly for the Organization.

#### SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**Transactions With Interested Persons** 

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

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

2009

Open To Public Inspection

Name of the organization

Ligonier Ministries, Inc. Employer identification number 25-1298611

Complete if the org	anzanon ans		0111011		EUG UI		555 L	_,	-, 10 -70	<del></del>	(c) Con	ected?
(a) Name of di	squalified per	son			<b>(b)</b> D	escription o	of transa	ction				
· · · · · · · · · · · · · · · · · · ·				<del> </del>	·····						Yes	No
							-					
				+								
				<del>-</del>		<del></del>					<u> </u>	
						<del></del>						
								-				
2 Enter the amount of tax imp	posed on the o	organizati	on manage	ers or disqualifi	ed persons	during the	year un	der				
section 4958									<b>&gt;</b> \$			
3 Enter the amount of tax, if a	any, on line 2,	above, re	ımbursed	by the organiza	ition				<b>▶</b> \$			_
Part II Loans to and/o	r From Int	orosto	Dorcor	30								
<u> </u>							7 6	01	<b>.</b> _			
Complete if the org			1		i		I		sa ∐(n)Apr	oroved	(-) \	
(a) Name of interested person and purpose		to or from nization?		ginal principal amount	(d) Balance due		(e) In default?		by board or		(g) Written	
person and purpose		1	-	a				T	†	nttee?	+	ı · —
· · · · · · · · · · · · · · · · · · ·	То	From					Yes	No	Yes	No	Yes	No
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								L	<del>                                     </del>	<u> </u>	<del> </del>	l
Total	atanaa Ba	- ofitina	Interes	tod Porcon		<del></del>				-	<u> </u>	
Part III Grants or Assi		_										
Complete if the org		wered "Ye				<del></del>						<del></del>
(a) Name of interested	person		(b) Rela	ationship betwe the or	en interes ganization	ted person	and			iount ar assistai	nd type o	Ŧ
									_			
			-	<del></del>	<del> </del>							
				<del></del>				-				
	<del></del>			<del> </del>								
								_	_	-	-	
Part IV Business Tran	eactions l	wolving	Interes	ted Person								
<del></del>		-				Ob 00-						
Complete if the org								1 (-1)	Danasia		(e) Sha	arıng o
(a) Name of interested	i person	(6	•	ship between ir and the organiz		(c) Amo transa		(a)	Descript transact		òrganı	
			person	and the organiz		1141104	01.011	1				1
mi- Diele			1 1		Dros	7 2	016	C ==			Yes	No X
Tim Dick					Pres				eran		+	X
T. Ryan Dick			amily		Pres				<u>Wag</u> Zalti		+	X
Dr. Robert C. Sp				of Org.	Droc				9 Co		<del> </del>	X
Robert C. Sproul	, UI.		amily		Pres Pres				Wag			X
Kelly Cobb			amily		Pres				way Wag		+	X
John Cobb		μrc	amily	mem. OI	Fres	טס	,071	. • [VV — _4	wag	てお	1	<u> </u>

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

Schedule L (Form 990 or 990-EZ) 2009

See Schedule O for Schedule L Continuations

# SCHEDULE M (Form 990)

# **Noncash Contributions**

2009

Department of the Treasury Internal Revenue Service Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

Open to Public Inspection

Name of the organization

Employer identification number

25-1298611 Ligonier Ministries, Inc. Types of Property Part I (a) (b) (c) (d) Check if Number of Revenues reported on Method of determining Form 990, Part VIII, line 1g applicable contributions revenues Art - Works of art Art · Historical treasures 2 Art · Fractional interests 3 Books and publications 5 Clothing and household goods Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 31,262. Fair market value X 9 Securities - Publicly traded 10 Securities - Closely held stock Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 16 Real estate - Commercial Real estate - Other 17 18 Collectibles 19 Food inventory Drugs and medical supplies 20 21 Taxidermy Historical artifacts 22 23 Scientific specimens Archeological artifacts 24 Other > 25 Other > 26 27 Other 28 Other Number of Forms 8283 received by the organization during the tax year for contributions 0 for which the organization completed Form 8283, Part IV, Donee Acknowledgment 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for Х 30a the entire holding period? b If "Yes," describe the arrangement in Part II Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? X 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х 32a contributions? b If "Yes," describe in Part II. 33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

# **SCHEDULE O**

Department of the Treasury

(Form 990)

932211 02-03-10

# Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

Attach to Form 990.

Ligonier Ministries, Inc.

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

Employer identification number 25-1298611

Schedule O (Form 990) 2009

Form 990, Part III, Line 2, New Program Services:
Establishment and operation of Ligonier Academy of Biblical and
Theological Studies - see Form 990, Part III, Line 4b.
Form 990, Part III, Line 4a, Program Service Accomplishments
Educational conferences - the provision of live theological instruction
at various venues. During 2009, the Ministry conducted four
conferences where a variety of prominent speakers provided theological
lectures. Over 6,000 individuals attended these conferences.
Music - the production and sale of music that coheres with and further
expresses the theological truths taught.
Form 990, Part VI, Section A, line 2: Dr. Robert C. Sproul has a family
relationship with Mrs. Vesta Sproul.
Form 990, Part VI, Section B, line 11: The Organization's top management
official and top financial official each review the Form 990 prior to its
filing with the IRS. A copy of the final Form 990 is also provided to the
voting members of the Organization's governing body prior to its filing
with the IRS.
Form 990, Part VI, Section B, Line 12c: The Organization's conflict of
interest policy is distributed to each member of the Organization's
governing body, its officers, and its key employees on an annual basis.
Each such individual provides an annual disclosure statement indicating

#### SCHEDULE O

(Form 990)

**Supplemental Information to Form 990** 

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

Attach to Form 990.

2009
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Ligonier Ministries, Inc.

Employer identification number 25-1298611

that they have received, read, understood and agreed to comply with the policy, and certifying that: (1) they have no relationships or interests that present a conflict of interest, (2) they have one or more conflicts of interest that have been fully disclosed as required by the policy and have been properly administered in conformity with the policy, or (3) they have previously undisclosed conflicts of interest and disclosing the details of such conflicts. Any disclosure statements with previously undisclosed conflicts of interest are forwarded to appropriate Organization officials to take appropriate actions as required by the policy.

compensation-setting policy requires that an independent committee of the Board of Directors determine the compensation package of all officers and directors of the Organization. In addition, the independent committee of the Board of Directors reviews the salary levels of all employees who are family members of any officer or director, and, in the event that a family member employee is paid more than other individuals with similar positions within the Organization, the independent committee of the Board of Directors determines the compensation of that family member using the same compensation-setting procedures applicable to officers and directors. The independent committee of the Board of Directors considers, in setting such compensation, a compensation study by special legal counsel with expertise in the area of reasonable compensation for nonprofit executives, utilizing data regarding compensation paid to persons serving in similar capacities in comparable organizations as well as national compensation data such as

# **SCHEDULE 0**

(Form 990)

932211 02-03-10 **Supplemental Information to Form 990** 

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

Attach to Form 990.

2009
Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

Ligonier Ministries, Inc.

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

Employer identification number 25-1298611

Schedule O (Form 990) 2009

Administrators, the Christian Management Association and Guidestar. These
compensation studies are performed approximately every three years.
Form 990, Part VI, Line 17, List of States receiving copy of Form 990:
AK, AZ, FL, GA, KY, LA, MD, MI, MN, MS, NH, NJ, PA, TN, UT, VA, WA, WV, WI, CO
Form 990, Part VI, Section C, Line 19: The Organization makes its
financial statements and its Form 990 available to the public through the
Organization's website. Financial statements, Form 990 and governing
documents are available by mail upon request.
Schedule G, Part I, Line 2b, Column (v): The fundraising expenses
associated with Ligonier's agreement with Douglas Shaw & Associates, Inc.
are as follows. The fees for services performed by Douglas Shaw &
Associates, Inc. totaled \$815,028, which included a retainer fee of
\$96,000, \$14,000 for research and \$207,261 for the set up and fulfillment
of the fundraising activities. Of the remaining \$497,767, \$175,970 is
for postage reimbursements and \$321,797 is for printing, envelopes, and
letters.
Sch L, Part IV, Business Transactions Involving Interested Persons:
(a) Name of Person: Dr. Robert C. Sproul
(b) Relationship Between Interested Person and Organization:
Pres. of Org.
(c) Amount of Transaction \$ 64308.
(d) Description of Transaction: Royalties - The Organization is party

# **SCHEDULE 0**

(Form 990)

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to several licensing agreements with the Organization's President related
to its publishing activities, requiring the Organization to make annual
royalty payments ranging from 10% to 12% of related net sales of the
published items. In connection with these agreements, the Organization
paid its President \$64,308 during 2009. As of December 31, 2009, \$86,698
is included in accounts payable and accrued expenses related to these
agreements. The Organization has similar agreements in place with a
number of unrelated parties. The royalty percentages paid to the
President are significantly lower than the percentages paid by the
Organization to unrelated parties pursuant to similar agreements. The
payments made under terms of the President's royalty agreements with the
Organization are significantly less than those made pursuant to terms
offered to the President under comparable industry royalty agreements
from nonaffiliated publishers.
(e) Sharing of Organization Revenues? = No
(a) Name of Person: Sherrie Sproul
(a) Name of Person: Sherrie Sproul  (b) Relationship Between Interested Person and Organization:
(b) Relationship Between Interested Person and Organization: Family mem. of Pres.
(b) Relationship Between Interested Person and Organization:
<ul> <li>(b) Relationship Between Interested Person and Organization:</li> <li>Family mem. of Pres.</li> <li>(c) Amount of Transaction \$ 52269.</li> <li>(d) Description of Transaction: W-2 Wages</li> </ul>
<ul><li>(b) Relationship Between Interested Person and Organization:</li><li>Family mem. of Pres.</li><li>(c) Amount of Transaction \$ 52269.</li></ul>
<ul> <li>(b) Relationship Between Interested Person and Organization:</li> <li>Family mem. of Pres.</li> <li>(c) Amount of Transaction \$ 52269.</li> <li>(d) Description of Transaction: W-2 Wages</li> </ul>