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### Form **990-EZ**

# **Short Form**

2008

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form
990 All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

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

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Reverence return   Part   Pa		<u>B_</u>	Check if applicable		С				D Emplo	yer identific	ation number
Name claring   Termination		Ш		use IRS	Impact Television N	etwork			34-	200769	96
Sacciamento, CA 95821   Group Exemption			Name change						E Teleph	one number	
### Commercial return formation and the process of the complete of Schedule A (Form 990 or 890 £2).  ### Control Static A completed Schedule A (Form 990 or 890 £2).  ### Check * [X] If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A return is not required, but if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A return is not required, but if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A return is not required, but if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A return is not required to 8 the organization and its gross receipts are normally not more than \$25,000 A return is not required to 8 the organization and its gross receipts are normally not more than \$25,000 A return is not required to 8 the organization of the organization and its gross returns on the organization of the organization		=		type.	Sacramento, CA 9582	1			(91	6) 971	-9111
**Section SOTIC/C3) organizations and 4947(a/t1) nonexempt charitable trusts misst attach a completed Schedule A (Form 990 or 390-22).    Website: N/A		=		Specific							
Website: N/A   Website: N/A   Check   N/A		=						,	Numi	ber	<u> </u>
Website: N   N   A			• Section 5	501(c)(3 ust atta	) organizations and 4947(a)(1) ch a completed Schedule A (F	nonexempt charitable trusts orm 990 or 990-EZ).	s			X Cas	h
Check		l '	Website: ► <u>N</u>	/A				required to	attach S	chedule E	
\$25,000 Arfetum is not required, but if the organization chooses to file a return, be sure to file a complete return.  L Add Innes 55, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990  The instead of Form 990-EZ  Rattli Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)  1 Contributions, girls, grants, and similar amounts received  1 399, 528.  Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)  3 dembership due and assessments  4 Investment income  5 a Gross amount from sole of assets other than inventory  b Less: cost or other basis and sales expenses  c Gain or (loss) from sale of assets other than inventory (Subtract in 5b from in 5a) (latt sch)  b Less: cost or other basis and sales expenses  c Gain or (loss) from sale of assets other than inventory (Subtract in 5b from in 5a) (latt sch)  a Gross revenue (not including \$ of contributions reported on line 1)  b Less: cost of goods soled  c Gross soles of inventory, less returns and allowances  b Less cost of goods soled  c Gross profit or (loss) from special events and allowances  b Less cost of goods soled  c Gross profit or (loss) from special events and allowances  b Less cost of goods soled  c Gross profit or (loss) from special events and allowances  b Less cost of goods soled  c Tall revenue (describe * ) 8  7 a Gross soles of inventory, less returns and allowances  b Less cost of goods soled  10 Grants and similar amounts paid (attach schedule)											
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reported on line 1) b Less: direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)  7a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a).  8 Other revenue (describe > ) 8  9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	$\leq$	Ē	•	•	, ,	, , ,	aming che	eck here ►			
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10   Grants and similar amounts paid (attach schedule PLCTIVED   11   12   29,124   13   1,328   14   27,966   15   Printing, publications, postage, and shipping   16   0ther expenses (describe   See Statement   1   0   0   0   17   17   18   18   19   19   19   19   19   19			8 Other reven	ue (descr	be ►				) . [_:	8	
12   Salaries, other compensation, and employee benefits   12   29,124.     13   Professional fees and other payments to independent contractors   11   13   1,328.     14   Occupancy, rent, utilities, and maintenance   15   Printing, publications, postage, and shippine   16   348,559.     16   Other expenses (describe   See Statement   1   O()   I   I   I   I   I   I   I   I   I			9 Total rev	enue (a	dd lines 1, 2, 3, 4, 5c, 6c, 7c, a	nd 8)			► . !	9	399,528.
12   Salaries, other compensation, and employee benefits   12   29,124.     13   Professional fees and other payments to independent contractors   11   13   1,328.     14   Occupancy, rent, utilities, and maintenance   15   Printing, publications, postage, and shippine   16   348,559.     16   Other expenses (describe   See Statement   1   O()   I   I   I   I   I   I   I   I   I			10 Grants ar	nd sımıla	ar amounts paid (attach sch <mark>ed</mark> t	PECENTED.	4		. <u>1</u>	0	
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16 Other expenses (describe   See   Statement   1 OCDEN   17   18   348,559.		E	13 Professio	nal fees	and other payments to indep	indenticontractors 111		•	_		
16 Other expenses (describe   See   Statement   1 OCDEN   17   18   348,559.		S	14 Occupand	cy, rent,	utilities, and maintenance	8		• •	<u> </u>		
17 Total expenses (add lines 10 through 16)  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (attach explanation)  21 Net assets or fund balances at end of year Combine lines 18 through 20  Partilly Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.  (See the instructions for Part II)  (A) Beginning of year (B) End of year Cash, savings, and investments.  2 722. 22 -318.  23 Cash, savings, and investments.  24 Other assets (describe See Statement 2)  25 Total assets  7020, 298. 25 167, 371.  26 Total liabilities (describe See Statement 3)  334, 558. 26 309, 369.						ACHEN 15	• • •	•	<u> </u>		
18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (attach explanation)  21 Net assets or fund balances at end of year Combine lines 18 through 20  21 Partill Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.  (See the instructions for Part II)  (A) Beginning of year (B) End of year Cash, savings, and investments.  2						OGDEN, UI	<u>.</u>		-·		
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figure reported on prior year's return)  20 Other changes in net assets or fund balances (attach explanation)  21 Net assets or fund balances at end of year Combine lines 18 through 20  22 Partill Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990 EZ.  (See the instructions for Part II)  (A) Beginning of year  (B) End of year  22 Cash, savings, and investments.  23 Land and buildings  24 Other assets (describe See Statement 2)  25 Total assets  26 Total liabilities (describe See Statement 3)  334,558. 26  309,369.		A			• •	·			453		-9,130.
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Partil   Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.  (See the instructions for Part II )  (A) Beginning of year   (B) End of year   2,722   22   -318    22 Cash, savings, and investments   2,722   22   -318    23 Land and buildings   23    24 Other assets (describe   See Statement 2   )   199,576   24   167,689    25 Total assets   202,298   25   167,371    26 Total liabilities (describe   See Statement 3   )   334,558   26   309,369		Ś							<u> </u>		-141.998.
(See the instructions for Part II )         22 Cash, savings, and investments       2,722. 22       -318.         23 Land and buildings       23         24 Other assets (describe ► See Statement 2       )       199,576. 24       167,689.         25 Total assets       202,298. 25       167,371.         26 Total liabilities (describe ► See Statement 3       )       334,558. 26       309,369.		Pa	W			•	00 or mo	ore file Form 90			
22 Cash, savings, and investments       2,722. 22 -318.         23 Land and buildings       23         24 Other assets (describe ► See Statement 2 )       199,576. 24 167,689.         25 Total assets.       202,298. 25 167,371.         26 Total liabilities (describe ► See Statement 3 )       334,558. 26 309,369.		7 N 200 WALL					00 01 1110				
23       23         24 Other assets (describe ► See Statement 2       )       199,576. 24       167,689.         25 Total assets.       202,298. 25       167,371.         26 Total liabilities (describe ► See Statement 3       )       334,558. 26       309,369.		22	Cash, savings	s, and ir		,				<del></del>	
24 Other assets (describe ► See Statement 2       )       199,576. 24       167,689.         25 Total assets.       202,298. 25       167,371.         26 Total liabilities (describe ► See Statement 3       )       334,558. 26       309,369.			-		•						
25 Total assets       202,298. 25       167,371.         26 Total liabilities (describe ► See Statement 3       334,558. 26       309,369.		24			be ► <u>See Statement</u> 2	)		199			
26 Total liabilities (describe ► See Statement 3 ) . 334,558. 26 309,369.		25								25	167,371.
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) -132, 260.   <b>27</b>   -141, 998.		26	Total liabilitie	es (desc	cribe - See Statement	3) .					
		27	Net assets or	fund b	alances (line 27 of column (B)	must agree with line 21)		-132	,260.	27	-141,998.

Form	1990-EZ (2008) Impact Televisi	on Network		34	-200	)7696 Page <b>2</b>
Par	Statement of Program Sei	rvice Accomplishments	(See the instruction	ons.)		Expenses
What i	is the organization's primary exempt purpose? See cribe what was achieved in carrying out the ribe the services provided, the number of	e Statement 4			land i	uired for 501(c)(3) (4) organizations and (a)(1) trusts; optional
prog	ribe the services provided, the number of ram title.	persons benefited, or other i	relevant information for	eacn	for o	thers.)
	(Grants \$ ) If th	is amount includes foreign gr	ants, check here	<b>P</b>	28 a	379,239.
29			- <b></b>	<b></b> .	4	
					}	
30	(Grants \$ ) If th	is amount includes foreign gr	ants, check here	▶	29 a	
30			- <b></b>	<b></b>		
	(Grants \$ ) If th	is amount includes foreign gr	rants, check here		30 a	
31	Other program services (attach schedule		<del></del>			
	· · · · · · · · · · · · · · · · · · ·	is amount includes foreign gi	rants, check here	. ▶ □	31 a	
	Total program service expenses (add II			•	32	379,239.
Par	List of Officers, Directors	, Trustees, and Key Em	ployees. (List each o	ne even if not co	mpen	sated. See the instrs)
	(a) Name and address	(b) Title and average hours per week devoted to position	not paid, enter -0)	(d) Contribution employee benefit pla deferred compens	ins and	
	ry Chernyetsky	President & CEO	0.		0.	0.
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Sac	cramento, CA 95821		_			
Inr	na Chernyetsky	Secretary	0.		0.	0.
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		<del></del>		-		
			<u> </u>	<u> </u>		

-	Carlot mioritation (1000 the statement requirement in desired metadation vi)		Yes	No
33	.  Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of		133	
	each activity	33		X
	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35 a		<u>X</u>
	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N	36		X
	· · · · · · · · · · · · · · · · · · ·	27.6		v
	b Did the organization file Form 1120-POL for this year?	37 b		X
38	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38 a		Х
	b if 'Yes,' complete Schedule L, Part II and enter the total amount involved	es v		
39	501(c)(7) organizations Enter		<b>₹</b> '5,643°	
	a Initiation fees and capital contributions included on line 9 . 39a N/A			9
	b Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40	a 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► 0 . : section 4912 ► 0 . : section 4955 ► 0 .			
				-
	<b>b</b> 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I	40 b		X
	c Enter amount of tax imposed on organization managers or disqualified persons during the			
	year under sections 4912, 4955, and 4958	17		. 20
	2 Enter difficult of tax of line for fellinguised by the organization.			
	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T.	40 e		Х
41	and the same of th			
42	a The books are in care of ► Inna Chernyetsky  Telephone no. ► (916)	971	-911	1
42	Located at ► 2929 Fulton Avenue Sacramento Ca ZIP + 4 ► 95821			<del></del>
		 7		
	<b>b</b> 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)?	42b	Yes	No X
	If 'Yes,' enter the name of the foreign country:	42 B		Â
		ζ,		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.	(*° %		V
	c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	ļ	<u>X</u>
	If 'Yes,' enter the name of the foreign country:			
	·			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	ļ	▶ 📗	N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year			N/A
			Yes	No
44				
,	-4 F 000 F7			X
	of Form 990-EZ  Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		<del>  ^</del>

Form 990-l	<u>EZ (2008) Impact Television N</u>	letwork		34-200	7696	<u> </u>	age 4
Part VI		s only. All section 5	01(c)(3) organiza	ations must answer of	uestions	46-4	9
	and complete the tables for line	es 50 and 51.		See S	tatemer	nt 6	
46 Did ti	ne organization engage in direct or indire	ct nolitical campaign ac	tivities on behalf of c	or in apposition to candida	tes	Yes	No
for pi	ne organization engage in direct or indire ublic office? If 'Yes,' complete Schedule (	C, Part I	tivities on benan or e	in opposition to candida	46		X
<b>47</b> Did th	ne organization engage in lobbying activit	ies? If 'Yes,' complete	Schedule C, Part II		47		X
	e organization operating a school as desc	•		mplete Schedule E	48		X
	he organization make any transfers to an			•	49a		Х
	es,' was the related organization(s) a sect	•	ŭ		49b		
<b>50</b> Com	plete this table for the five highest compeved more than \$100,000 of compensation	nsated employees (other	er than officers, direc	ctors, trustees and key em	ployees) w	ho ead	ch
	Name and address of each employee paid more than \$100,000	(b) Title organization.  (b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	accou	kpense int and lowances	s
None			· · · · · · · · · · · · · · · · · · ·				
	<del></del>						
		•					
Total number	of other employees paid over \$100,000						
	(a) Name and address of each independent contr	actor paid more than \$100,000		(b) Type of service	(c) Com	pensatio	n
None							
				<u></u> .			
		1					
Total numb	per of other independent contractors rece		<u> </u>				
	Under penalties of perjury, I declare that I have exam true, correct, and complete Declaration of freparer (	nined this return including according to the other than officer) is based on a	meanying schedules and sta all information of which prep	stements, and to the best of my knowarer has any knowledge	owledge and b	elief, it is	ŝ
	Tues Ohene	A		0002	201	1	
Sign Here				06.02.	201		
Here	Signature of officer	9 1/1		Date			
	Yury Chernyetsky	y Open		President & CE	0		
	Type or print name and title						
Daid	Preparer's		6-2-2	Check if (S	reparer's Ident See instructions	ifying Nu 5)	mber
Paid Pre-	signature	7	6-6-6	self- employed N	/A		
parer's	very of colf	SOCIATES					
Use	yours if self- employed).	#255			N/A		
Only	address, and ZIP + 4 Sacramento, CA	95821		Phone no ► (91		<u> 7600</u>	)
	S discuss this return with the preparer sh	nown above? See instru	ctions	•	►X Ye		No
BAA					Form <b>99</b>	0-EZ (	(2008)

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

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support** 

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

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

2008

Open to Public Inspection

Name o	of the organization							Employer	identificat	ion number		
Imp	act Television	Network						34-20	07696	j		
Parl	I  Reason for Pu	blic Charity Statu	s (All organizations	must c	omple	te this	part.)	(see ı	nstruct	ions)		
The o	rganization is not a pri	vate foundation becau	use it is: (Please check o	nly <b>one</b>	organiza	ation)						
1	X A church, convention	on of churches or ass	ociation of churches des	cribed in	section	170(b)	(1)(A)(i)					
2			A)(ii). (Attach Schedule I									
3			e organization described		on 17 <b>0</b> (l	X1XAX	iii). (At	tach Sch	nedule H	)		
4	<b>—</b>	•	ed in conjunction with a h		•						spital':	s
	name, city, and sta	-	,					- \ - / \ - / \				
5		erated for the benefit	of a college or university	y owned	or oper	ated by	a gover	nmental	l unit des	scribed in	sectio	n
6			governmental unit descri									
7	in section 170(b)(1	(Complete P		•		vernme	ntal uni	t or from	n the ger	neral publi	c desc	ribed
8			<b>170(b)(1)(A)(vi).</b> (Comple									
9	from activities relate investment income June 30, 1975. See	d to its exempt function and unrelated busine e <b>section 509(a)(2).</b> (C		eptions, a section	and (2) n 511 tax)	o more to from b	than 33- usiness	1/3 % of es acqui	its suppo ired by th	ort from gro ne organiz	SS	after
10		<b>.</b>	exclusively to test for pu					• • •		•		
11	more publicly supp	orted organizations of	exclusively for the bene described in section 509( zation and complete lines	a)(1) or	section	509(a)(2	ctions of 2) See	of, or car section	rry out th <b>509(a)(3</b>	ne purpose ). Check t	s of o he bo	ne or x that
	a Type I	<b>b</b> Type II	c Type II	l – Fund	tionally	ıntegraf	ted		d 🗌	Type III-	- Othe	r
е	By checking this both than foundation ma 509(a)(2).	ox, I certify that the o anagers and other tha	rganization is not control in one or more publicly s	led directupportec	tly or in d organi	directly zations	by one describe	or more ed in sec	disqualiction 509	fied perso (a)(1) or s	ons oth section	her า
f	If the organization check this box	received a written de	termination from the IRS	that is a	a Type I	, Type II	l or Typ	e III sup	porting o	organizatio	n,	
g	Since August 17, 2	2006, has the organiza	ation accepted any gift o	r contrib	ution fro	om any	of the f	ollowing	persons	?		
											Yes	No
	(i) a person who	directly or indirectly	controls, either alone or supported organization?	together	with pe	rsons d	escribe	d in (ii) a	and (III)	11 g (i)		
		ber of a person des								11g (ii)	+-	<del> </del>
	• • •	· ·	n described in (i) or (ii) a	hovo?						11 g (iii)	1	<b></b>
h	• •	•	the organizations the org		n cunno	rtc	• •			119(11)	<u>/i</u>	J
		1	T	T	• • • • • • • • • • • • • • • • • • • •			4.5.1	- 11	6.50 4	-1 -4 5	
	(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat	s the ion in col in your rning ment?	the organ	ou notify nization in (i) of upport?	organizat	zed in the	(vii) Amou	nt or Su	pport
				Yes	No	Yes	No	Yes	No			
										_		
					ŀ	]						
				<u> </u>		L						
		X * 1 4 4 4 1916 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TO THE RESERVE THE		10/2.1	***						
Total							THE STATE OF		43.6			

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

Schedule A (Form 990 or 990-EZ) 2008

	t II Support Schedule for				/hV1VAViv) an	4 170/hV1		i\
1 QI	(Complete only if you check					u 170(b)(1)	ДТДО	•/
Sec	tion A. Public Support	CG THE BOX OIT HITE	7 5, 7, 61 5 61 1 612	,				
Cale	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008		(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')							
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf							
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						:	
4	Total. Add lines 1-3							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	1	7 7 7 6 7 7 8 7 8 8 8	`	. ^ ( )			
	Public support. Subtract line 5		A Contract of					
	tion B. Total Support	1	<del>- 1</del>		r	<u> </u>		
	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	;	(f) Total
•	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources							
9	Net income form unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss form the sale of capital assets (Explain in Part IV)							
11	Total support. Add lines 7 through 10	****					**************************************	
12	Gross receipts from related activ	vities, etc. (see in	structions) .		••		12	
	First five years. If the Form 990 organization, check this box and	d stop here .		d, third, fourth,	or fifth tax year a	s a section 5	01(c)(3)	) ▶ □
	ction C. Computation of Pu		<b></b>	o 11. column (f	`		14	%
	Public support percentage for 20 Public support percentage for 20			C 11, COIUITHI (I		. }	15	<del></del>
				, on line 12 or	 nd the line 14 is 22	1/2 % or mo		
	a 33-1/3 support test – 2008. If the and stop here. The organization	qualifies as a pul	blicly supported or	ganızatıon.	•• •	•		· • 📙
1	<b>5 33-1/3 support test</b> — <b>2007.</b> If th and <b>stop here.</b> The organization	e organization did qualifies as a pul	i not check a box of blicly supported or	on line 13, or 16 ganization	5a, and line 15 is 3	3-1/3% or m	ore, che	eck this box
17:	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'fact	meets the 'facts-	and-circumstances	' test, check thi	s box and stop he	re. Explaın ın	ı Part I\	V how ┌──
ı	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a	and-circumstances	' test, check thi	s box and <b>stop he</b>	<b>re.</b> Explain in	۱ Part ۱۱	15 is 10% V how the ► □
18	Private foundation. If the organ	ization did not che	eck a box on line,	13, 16a, 16b, 17	7a, or 17b, check t	his box and s	ee inst	ructions

# Schedule A (Form 990 or 990-EZ) 2008 Impact Television Network Partill Support Schedule for Organizations Described in Section 509(a)(2)

Son	tion A. Public Support						
	ndar year (or fiscal yr beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	<b>(e)</b> 2008	(f) Total
	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')	(a) 2004	(0) 2000	(6) 2000	(4) 2007	(6) 2000	(i) Total
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1-5 a Amounts included on lines 1, 2, 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c	Add lines 7a and 7b						
8	Public support (Subtract line						
	7c from line 6)		A State of the Control of the Contro	144 5 X X 144 5 X	<b>""和"和斯教</b>		
Sec	tion B. Total Support						
Cale	ndar year (or fiscal yr beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	<b>(d)</b> 2007	(e) 2008	<b>(f)</b> Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form						
	sımılar sources		-				
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Unrelated business taxable income (less section 511 taxes) from businesses						
11 12	D Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b.  Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 12	D Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b.  Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (add ins 9, 10c, 11, and 12)						
11 12	D Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b.  Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (add ins 9, 10c, 11, and 12)	is for the organiz	zation's first, seco	nd, third, fourth,	or fifth tax year a	s a section 501(c)	(3)
11 12 13 14	D Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b.  Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (add lins 9, 10c, 11, and 12)  First five years. If the Form 990 organization, check this box and	is for the organiz I stop here	zation's first, seco	nd, third, fourth,	or fifth tax year as	s a section 501(c)	(3) ▶ □
11 12 13 14 Sec	D Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b.  Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (add lins 9, 10c, 11, and 12)  First five years. If the Form 990 organization, check this box and the sale of Puttion C. Computation of Puttion 110 taxes and 110 taxes are section C. Computation of Puttion 20, 1975.	is for the organiz I stop here blic Support F	zation's first, seco				
11 12 13 14 Sec 15	D Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b.  Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (add lins 9, 10c, 11, and 12)  First five years. If the Form 990 organization, check this box and extion C. Computation of Pu	is for the organized stop here  blic Support F  008 (line 8, column	Percentage on (f) divided by li	ne 13, column (f		15	%
11 12 13 14 Sec 15 16	D Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b.  Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (add ins 9, 10c, 11, and 12)  First five years. If the Form 990 organization, check this box and the composition C. Computation of Pupublic support percentage from	is for the organized stop here  blic Support F  008 (line 8, column  2007 Schedule A	Percentage nn (f) divided by li , Part IV-A, line 2	ne 13, column (f			
11 12 13 14 Sec 15 16 Sec	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (add ins 9, 10c, 11, and 12)  First five years. If the Form 990 organization, check this box and the computation of Pupublic support percentage for 20. Public support percentage from tion D. Computation of Invitor 10 to 11 to 12 to 12 to 13 to 14 to 15 t	blic Support F 008 (line 8, colum 2007 Schedule A	Percentage on (f) divided by li on, Part IV-A, line 2 me Percentage	ne 13, column (f) ?7g <b>e</b>		15 16	% %
11 12 13 14 Sec 15 16 Sec 17	Dunrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (add lins 9, 10c, 11, and 12)  First five years. If the Form 990 organization, check this box and capital assets (Explain in Part IV)  Public support percentage from the	blic Support F 008 (line 8, colum 2007 Schedule A vestment Inco for 2008 (line 10c	Percentage In (f) divided by lin, Part IV-A, line 2 me Percentage In (f) divided by line 2 In (f) divided by line 3 In (f	ne 13, column (f, 27g <b>e</b> ed by line 13, col		15 16	% %
11 12 13 14 Sec 15 16 Sec 17 18	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (add ins 9, 10c, 11, and 12)  First five years. If the Form 990 organization, check this box and the computation of Pupublic support percentage from the support percentag	blic Support F  008 (line 8, colum 2007 Schedule A  vestment Inco for 2008 (line 10c from 2007 Schedule organization did no	Percentage on (f) divided by line, Part IV-A, line 2 me Percentage on, column (f) dividuale A, Part IV-A, line the box on	ne 13, column (f) 27g e ed by line 13, col ine 27h line 14, and line 1	umn (f))	15 16 17 18 1%, and line 17 is no	% % %
11 12 13 14 Sec 15 16 Sec 17 18 19a	Dunrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (add lins 9, 10c, 11, and 12)  First five years. If the Form 990 organization, check this box and capital assets (Explain in Part IV)  Public support percentage for 20 Public support percentage from capital assets (Explain in Public support percentage from capital support	blic Support F  008 (line 8, column  2007 Schedule A  vestment Inco  for 2008 (line 10c  from 2007 Schedul  organization did no  oox and stop here  the organization did	Percentage on (f) divided by ling. Part IV-A, line 2 me Percentage on, column (f) divided by ling. The Apart IV-A, line 2 me Percentage on the Apart IV-A, line 2 me Percentage on the Apart IV-A, line Apart IV-A, line Apart IV-A, line Apart IV-A, line Check the box on the Apart IV-A, line Apart	ne 13, column (f)  27g  e  ed by line 13, col  ine 27h  line 14, and line 11  n qualifies as a p  ix on line 14 or 1	umn (f))	15 16 17 18 1%, and line 17 is no organization.	% % % % ot

Schedule A	(Form <u>990 o</u> r 990	-EZ) 2008	Impact	Televi	sion	Networ	k		34-2007696	Page 4
	Supplemental Part II, line 17	Information and or 17b; of	on. Comp or Part III	olete this I, line 12.	part to Provi	o provide de any c	e the	explanation requadditional inform	uired by Part II nation. (see ins	, line 10; structions)
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2008	Federal Statements	Page 1
	Impact Television Network	34-2007696
CONTRACT TWOOK	n \$ , and Meetings	692. 144,209. 7,604. 410. 1,500. 1,367. 14,419. 31,888.
Office Expenses PROGRAM EXPENSES PROPERTY TAXES REPAIRS SMALL PURCHASES		31,888. 100. 12,550. 5,503. 1,389. 1,696. 5,398. 225. 1,118. 1,413. 57,246. 2,976. 976. 184. 812. 9,190. 4,548. 23,136. 16,400. 470. 1,140. 348,559.
Statement 2 Form 990-EZ, Part II, Line 24 Other Assets  Furniture and Fixtures Machinery and Equipment		Ending 3,923 163,766 167,689
Statement 3 Form 990-EZ, Part II, Line 26 Total Liabilities  CREDIT CARDS LOAN AT LOAN PT ROUNDING Secured Mortgages and No	Beginning  \$ 4,322. \$ 47,941 1,000. 1.	Ending 20,730. 34,744. 1,000. 1. 252,894. 309,369.

**Impact Television Network** 

34-2007696

Statement 4
Form 990-EZ, Part III
Organization's Primary Exempt Purpose

TO RECOGNIZE, SOURCE, CREATE, PACKAGE, AND PRESENT WORLD CLASS RELIGIOUS, FAMILY ORIENTED, PROPHETIC, EDUCATIONAL CONTENT IN A SPIRIT OF EXCELLENCE ACROSS THE GLOBE INTO EVERY NATION, RECONCILING MAN, WOMEN AND CHILD WITH GOD BY THE POWER OF THE HOLY SPIRIT.

Statement 5
Form 990-EZ, Part III, Line 28
Statement of Program Service Accomplishments

TO RECOGNIZE, SOURCE, CREATE, PACKAGE AND PRESENT WORLD CLASS RELIGIOUS, FAMILY ORIENTED, PROPHETIC, EDUCATIONAL CONTENT IN A SPIRIT OF EXCELLENCE ACROSS THE GLOBE INTO EVERY NATION, RECONCILING MAN, WOMAN AND CHILD WITH GOD BY THE POWER OF THE HOLY SPIRIT.

Statement 6
Form 990-EZ, Part VI
Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

No

No