

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Organization Exempt From Income Tax

OMB No 1545-0047

Open to Public Inspection

Form 990 (2009)

Department of the Treasury

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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service For the 2009 calendar year, or tax year beginning and ending Please D Employer identification number C Name of organization SAT-7 North America Check if applicable use IRS Address change Doing Business As 23-2964829 label or print or Name change Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number type Initial return 410-770-9804 Specific Terminated City or town, state or country, and ZIP + 4 Instruc-Faston MD 21601 G Gross receipts \$ 8.510.446 Amended return Name and address of principal officer Application pending Yes X H(a) Is this a group return for affiliates? Peter Schulze, Board Chairperson 24 West Dover Street, Easton, MD 21 H(b) Are all affiliates included? If "No," attach a list (see instructions) X 501(c) ( Tax-exempt status 3) ◀ (insert no ) 4947(a)(1) or Website: ▶ www SAT7.org H(c) Group exemption number ▶ X | Corporation Trust Association Other > L Year of formation M State of legal domicile K Form of organization 1998 PA Part I Summary Briefly describe the organization's mission or most significant activities SAT-7 is a Satellite Television ministry by and for the people of the Middle East and North Africa SAT-7 is a network of four different channels SAT-7 ARABIC, SAT-7 PARS, Activities & Governance SAT-7 KIDS and SAT-7 TURK. All channels share a vision to provide support for local Christians that is respectful to all the people of the region. 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) 6 6 Number of independent voting members of the governing body (Part VI, line 1b) 5 19 Total number of employees (Part V, line 2a) . 6 25 6 Total number of volunteers (estimate if necessary) 0 Total gross unrelated business revenue from Part VIII, column (C), line 12. 7a Net unrelated business taxable income from Form 990-T, line 34 7b 0 **Current Year** 8 Contributions and grants (Part VIII, line 1h) 7,449,762 8,497,481 9 Program service revenue (Part VIII, line 2g) 0 10 Investment income (Part VIII, column (A), tines 3, 4, and 7d) 8,724 3,719 Other revenue (Part VIII, columnta), Inesis Bu 8c, 9d, 10c, and 11e).

Total revenue—add lines a through it must equal Part VIII/Column (A), line 12) 11 7,058 9,246 8,510,446 12 7,465,544 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 6,286,256 13 5,170,477 Benefits paid to or for members (Felt IX, column (A) (the 4) 14 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 822.382 15 905.849 Professional fundraising fees (Part X could n (A), line 11e). 16a 220,588 290,575 Total fundraising expenses (Part X, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 17 1,014,276 1,064,146 7,311,190 8,463,359 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) . 18 47,087 19 Revenue less expenses Subtract line 18 from line 12 154,354 **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) 3,450,298 2,887,014 21 2,062,766 Total liabilities (Part X, line 26) 2,673,137 22 Net assets or fund balances Subtract line 21 from line 20 777,161 824,248 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 complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Signature of officer Here Peter Schulze **Board Chairperson** Date Check if Preparer's identifying number Preparer's (see instructions) signature self-Paid ▶ X employed 3/24/2010 P00545021 Preparer's Firm's name (or yours Graves CPA, LLC ▶ 54-2112351 EIN **Use Only** if self-employed), 110-A Broadway PO Box 161, Centreville, MD 21617-0161 ► (410) 758-8785 Phone no address, and ZIP + 4 May the IRS discuss this return with the preparer shown above? (see instructions) .

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

6,778,121

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

Total program service expenses

0 including grants of \$ (Expenses \$

0)(Revenue \$

0)

Parl	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," complete Schedule C, Part I	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		×
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have	<u> </u>		Ĥ
Ū	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part	<u> </u>		
•	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	<del>-</del> -		
	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	Х	
•	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			
	Schedule D, Parts XI, XII, and XIII.	12	Х	
12A	Was the organization included in consolidated, independent audited financial statements for the tax vear? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	1		
42	year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	13		Х
13	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	<del>-</del>
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	140		
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	Х	
	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	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>	16	_	Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
. •	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
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		Х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Χ

23-2964829 Form 990 (2009) SAT-7 North America Page 4 Checklist of Required Schedules (continued) Yes No 21' Did the organization report more than \$5,000 of grants and other assistance to governments and organizations 21 Х Did the organization report more than \$5,000 of grants and other assistance to individuals in the 22 Х United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated 23 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 24a 24b through 24d and complete Schedule K. If "No," go to line 25 . . . 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c d 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 Х b 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 Χ 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 Х 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? 27 Х 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): Х a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b Х Schedule L, Part IV . 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, 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Х 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 Part I . 31 Х 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 32 Χ If "Yes," complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I . . . . . . . Х 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, Х 34 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 Х

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

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

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. . . . . .

Х

Х

36

37

orm 9	990 (2009) SAT-7 North America 23	3-2964829	F	age
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a		ا		
<b>L</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of 1.5 Information Returns. Enter -0- if not applicable			
b b	···	씍	•	
·		1c	×	
2a				
	· · · · · · · · · · · · · · · · · · ·	19		Į
b	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			
	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.  19 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)  Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O  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)?  If "Yes," enter the name of the foreign country   Cyprus  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?  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?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  If "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year			X
b		36	-	<del> </del>
4a				
			x	
b	,	<del>"a</del>	<del>  ^</del>	
5a		5a		X
b		5b		Х
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
		5c		L.
6a				
		6a	ļ	X
þ				
_	·	6b		-
7				
а		72		X
b			-	X
c		1.2		
		7c		X
d	·			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
				X
f				X
g		D <b>7g</b>	Х	-
h	·	7.	U	
0		/n_	X	
8				
		8		_X
9				
а	· · · · · · · · · · · · · · · · · · ·			X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Х
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12	_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	_		1
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
10-	against amounts due or received from them ).  Specifical 4047(x)(4) many experience has been accompanied to the organization filing Form 900 in law of Form 10412.			x
l2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	-	<del>  ^</del>

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

Sect	ion 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 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		Х
6	Does the organization have members or stockholders?	6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?.	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Χ	
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	9a		X
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal			
Reve	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Χ_
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	Х	
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? <i>If "No," go to line 13</i>	12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
_	rise to conflicts?	12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
_	describe in Schedule O how this is done	12c	Х	
13	Does the organization have a written whistleblower policy?	13	Х	
14	Does the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			ì
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			ı
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	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			1
	with a taxable entity during the year?	16a		Χ
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			1
	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		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► See Attached Statement			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s or	nly)		
	available for public inspection. Indicate how you make these available. Check all that apply			
	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 intere	st		
	policy, and financial 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	е		
	organization ► Ruth Thomas, VP for Finance and Administration 410-770-980			
	24 W. Dover St, Easton, MD 21601			

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

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

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 compe		5116 011				,,,,,,		1	<i>(</i> 5)	<b>/F</b> \
(A)	(B)	Boody	an (a		C)	that ap	alu	(D)	(E)	( <b>F</b> )
Name and Title	Average hours per week		Institutional trustee			Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Mr Peter Schulze Board Chairperson	1.	х						0	0	0
Mr. Ray Padron Director	1.	х						0	0	0
Ms. Phyllis Smith Treasurer & Director	1.	x						0	0	0
Rev Dr. Habib Badr Director	1.	х				ļ		0	0	0
Mrs Nancy Stafford Secretary and Director	1.	х						0	0	0
Mr James Blankemeyer Director	1_	х						0	0	0
Dr. Rex Rogers  President	50			х	х	Х		50,039	0	9,961
Ms Debra A. Brink Sr. VP of Development	50			x	x	Х		109,456	0	14,602
Mrs. Ruth S Thomas VP for Finance & Adminstration	50				x			77,453	0	7,822
										-

	990 (2009) SAT-7 North America  rt VII Section A. Officers, Directors, Tru	ustees, Key En	nploy	ees,	and	Hig	hes	t Co	mpensated Em	ployees (c	ontınu	ed)	Page (
	(A)	(B)		-		C)			(D)	(E)		(F)	)
	Name and title	Average hours per week	or director		(chec Officer		a employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportab compensa from relat organizatio (W-2/1099-N	tion ed ons	Estima amoui othe compen from organiza and ref organiza	nt of er sation the ation lated
													<del> </del>
					·		ļ						
												<del></del>	
								_				<del></del>	
<u>1b</u>	Total	·		<u></u>	<u></u>			<b>&gt;</b>	236,948		0		32,38
2	Total number of individuals (including but no reportable compensation from the organization)		se list	ted a	ibove 1	e) wl	no re	ceiv	ed more than \$1	00,000 in			
					-							Yes	No
3	Did the organization list any <b>former</b> officer, employee on line 1a? <i>If "Yes," complete Sci.</i>	hedule J for suc	ch ind	lividi	ıal .						3		X
4	For any individual listed on line 1a, is the surthe organization and related organizations gundividual										4	- <del> </del> X	~ -
5	Did any person listed on line 1a receive or a services rendered to the organization? If "Yo										5		Х
Sec	tion B. Independent Contractors												
1	Complete this table for your five highest concompensation from the organization.	npensated inde	pend	ent d	contr	acto	rs th	at re	ceived more tha	n \$100,000	of		
	(A) Name and business a								(B) Description of serv		Com	(C) pensation	
									nt of Fund Raisi				77,66
	Harvest Development & I 4443 Ave	enida Rio Del O	ro, Yo	orba	Lind	ia, C	A 92	ıvıar	king Systems A	ssistance			69,95
2	Total number of independent contractors (in more than \$100,000 in compensation from the state of			ed to	thos	se lis	ted a		e) who received				

Part	VIII	Statement of Revenue						
	•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under section 512, 513, or 514
र्घ र	1a	Federated campaigns	1a	0				
בים בים	b		1b	0				
g,g	С		1c	0				
ar a	d		1d	0				
s, g	e	- · · · · · · · · · · · · · · · · · · ·	1e	0				
sir		All other contributions, gifts, grants, and						
out her	•		1f	8,497,481				
ᅙᇎ	_	Noncash contributions included in lines 1a-1f. \$	_	0,101,101				
Contributions, gifts, grants and other similar amounts	h	Total. Add lines 1a–1f	-	<b>⊳</b>	8,497,481			
	<del></del>	Total: Add lines 1a-11	Ť	Business Code	0,107,101			
Ž.	2a		-					
eve	b		- 1		0			
e E			·	<del></del>	0		<del> </del>	
ڲٙ	2		-	<del></del>	0		<del> </del>	
Š	d				0	<del> </del>		
Jran	ء ا	All other program converses revenue	H		0			
Program Service Revenue		All other program service revenue	L	▶	0		<u> </u>	
	9	Total. Add lines 2a–2f		•	- 0			
	3	Investment income (including dividends, interest,						
	_	other similar amounts)			3,719	<del> </del>		
	4	Income from investment of tax-exempt bond prod			0			
	5	Royalties	•	1	0			
		(i) Real	-	(II) Personal				
	6a	Gross Rents .						
	b	Less rental expenses						
	C	Rental income or (loss)	0	0				
	d	Net rental income or (loss)			0			
	7a	Gross amount from sales of (i) Securities		(ii) Other				
		assets other than inventory .	0	0				
	b	Less cost or other basis		!				
		and sales expenses	0	0		,		
	С	Gain or (loss)	0	0				
	d	Net gain or (loss)	٠.	. ▶	0			
a	8a	Gross income from fundraising						
2		events (not including \$ 0						
ķ		of contributions reported on line 1c).						
ď		See Part IV, line 18	a	0				
Other Revenue		Less direct expenses	b [	0				
₹		Net income or (loss) from fundraising events .	_	. •	0			
	9a	Gross income from gaming activities.	l					
		See Part IV, line 19	a L	0	ĺ			
		Less. direct expenses	b [	0				
	С	Net income or (loss) from gaming activities .		▶	0			
	10a	Gross sales of inventory, less						
		returns and allowances	a	0				
	ь	Less: cost of goods sold	ь	0	_			
	С	Net income or (loss) from sales of inventory	<u> </u>	<u>.</u> . ►	0			
		Miscellaneous Revenue		Business Code			_	
	11a	Misc Refunds, reimbursements or fees	9	900099	9,246			
	b		L		0			
	С				0			
	d	All other revenue			0			
	е	Total. Add lines 11a-11d		▶	9,246			
	12	Total revenue. See instructions		▶	8,510,446	0	0	

#### Part IX . Statement of Functional Expenses

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

	All other organizations must complete column	(A) but are not req	uired to complete	columns (B), (C), and	d (D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	0			
2	Grants and other assistance to individuals in	,			!
	the U.S See Part IV, line 22	0			<u></u>
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				ı
	U.S. See Part IV, lines 15 and 16	6,286,256	6,286,256		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
_	trustees, and key employees	160,176	67,435	83,005	9,736
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and		-		
_	persons described in section 4958(c)(3)(B) .	545 745	405.027	240.026	00.772
7	Other salaries and wages	515,745	105,037	319,936	90,772
8	Pension plan contributions (include section 401(k)	47 000	0.070	10 500	0.000
_	and section 403(b) employer contributions)	17,329	3,876	10,590 47,588	2,863
9	Other employee benefits	77,851 51,281	17,417 11,472	31,338	12,846 8,471
10	Payroll taxes	51,281	11,472	31,330	0,47.1
11	Fees for services (non-employees).	o	ł		
a	Management	5,053		5,053	
b	Legal	18,931		18,931	<del></del>
C	Accounting	10,931		10,331	
d	Lobbying	290,575		· · · · · · · · · · · · · · · · · · ·	290,575
e f	Investment management fees	290,575			230,373
-	Other	244,629	80,922	138,885	24,822
9 12	Advertising and promotion	244,029	00,322	130,003	24,022
13	Office expenses	97,452	17,385	54,310	25,757
14	Information technology	0	17,500	34,010	20,101
15	Royalties	0			
16	Occupancy	53,703	9,076	34,386	10,241
17	Travel	0	0,010	01,000	
18	Payments of travel or entertainment expenses	1			
	for any federal, state, or local public officials .	o			
19	Conferences, conventions, and meetings	225,638	87,559	98,600	39,479
20	Interest	0	5.,555		
21	Payments to affiliates	33,206	8,110	5,197	19,899
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance	7,670	1,296	4,911	1,463
24	Other expenses Itemize expenses not		<u>'</u>		1
	covered above (Expenses grouped together				!
	and labeled miscellaneous may not exceed				,
	5% of total expenses shown on line 25 below.)				
а	Board of Directors Expenses	11,728		11,728	
b	Communications	27,049	6,333	16,383	4,333
С	Contributions	3,686	3,686		
d	Printing Mailing and Publications	335,450	72,261	21,509	241,680
е	Currency Translation costs	-49		-49	
f	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24f	8,463,359	6,778,121	902,301	782,937
26	Joint costs. Check here ▶ If following		· 7		
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising				
	solicitation				
					Form <b>990</b> (2009)

P	art X	. Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	1,129,014	1	1,662,625
	2	Savings and temporary cash investments	1,125,014	2	1,002,020
	3	Pledges and grants receivable, net	2,185,568		1,102,164
	4	Accounts receivable, net	2,100,000	4	1,102,104
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees Complete Part II of			
		Schedule L	0	5	
	6	Receivables from other disqualified persons (as defined under section			· · · · · · · · · · · · · · · · · · ·
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			
		Part II of Schedule L	0	6	
र	7	Notes and loans receivable, net	0	7	0
Assets	8	Inventories for sale or use		8	··-
¥	9	Prepaid expenses and deferred charges	57,242	9	61,622
	10a	Land, buildings, and equipment: cost or 10a 220,253			
		other basis. Complete Part VI of Schedule D			,
	ь	Less accumulated depreciation 10b	53,598	10c	58,343
	11	Investments—publicly traded securities	0		0
	12	Investments—other securities See Part IV, line 11	0	12	0
	13	Investments—program-related See Part IV, line 11	0		0
	14	Intangible assets	0		0
	15	Other assets See Part IV, line 11	24,876		2,260
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,450,298		2,887,014
	17	Accounts payable and accrued expenses .	112,828	_	98,641
	18	Grants payable	2,560,309		1,964,125
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	0	20	
S	21	Escrow or custodial account liability. Complete Part IV of Schedule D	, <u> </u>	21	
Liabilities	22	Payables to current and former officers, directors, trustees, key			
abi		employees, highest compensated employees, and disqualified			
		persons. Complete Part II of Schedule L .	0	22	
	23	Secured mortgages and notes payable to unrelated third parties .	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities Complete Part X of Schedule D	0	25	0
	26	Total liabilities. Add lines 17 through 25	2,673,137	26	2,062,76 <u>6</u>
		Organizations that follow SFAS 117, check here ▶ X and			
es		complete lines 27 through 29, and lines 33 and 34.			,
au	27	Unrestricted net assets	773,753	27	824,248
3a	28	Temporarily restricted net assets	3,408		0
<u> </u>	29	Permanently restricted net assets	5,1,55	29	
Ë	-•	Organizations that do not follow SFAS 117, check here ▶			
Ž		and complete lines 30 through 34.			,
र्घ		· · · · · · · · · · · · · · · · · · ·			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	<del></del> -
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	<del></del>
<u>e</u> t	32	Retained earnings, endowment, accumulated income, or other funds .		32	004.040
~	33	Total net assets or fund balances	777,161		824,248
	34	Total liabilities and net assets/fund balances	3,450,298	34	2,887,014

orm	990 (2009) SAT-7 North America	23-2964829		age 12
ar	XI Financial Statements and Reporting			
4	Accounting method used to prepare the Form 990: Cash X Accrual Other	<u> </u>	Yes	No
ı	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.	_		
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	Х	<u></u>
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?.  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	Х	
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		-	e
3а	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?	ırec 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

Form 990 (2009)

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

Department of the Treasury

Internal Revenue Service

Name of the organization

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

2009

OMB No 1545-0047

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.

Open to Public Inspection

Employer identification number

23-2964829 SAT-7 North America Reason for Public Charity Status (All organizations must complete this part ) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: ----An organization operated for the benefit of a college or university owned or operated by a governmental unit described 5 in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross 9 receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a | Type I Type II c Type III-Functionally integrated Type III-Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting f organization, check this box . . . . . . . . . Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? . 11g(i) A family member of a person described in (i) above?.. 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) (iii) Type of organization (iv) is the organization (v) Did you notify (vi) Is the (vii) Amount of (i) Name of supported (described on lines 1-9 in col (i) listed in your the organization in organization in col support organization (i) organized in the above or IRC section governing document? col (i) of your (see instructions)) support? US? Yes Yes No Yes No 0

Sched	ule A (Form 990 or 990-EZ) 2009 SAT-7 North A	merica				23-296482	9 Page <b>2</b>
Par	Support Schedule for Organiz	zations Desc	ribed in Sect	ions 170(b)(	1)(A)(iv) and	170(b)(1)(A)(	
	(Complete only if you checked t	the box on line	5, 7, or 8 of	Part I)			
	ion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and	·					
	membership fees received (Do not	1					
	ınclude any "unusual grants.")	5,290,956	5,491,728	7,796,964	7,449,762	8,497,481	34,526,891
2	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	ıts behalf	0	0				0
3	The value of services or facilities	†					
	furnished by a governmental unit to the						
	organization without charge	0	0				0
4	Total. Add lines 1 through 3	5,290,956	5,491,728	7,796,964	7,449,762	8,497,481	34,526,891
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						47 446 046
c	amount shown on line 11, column (f)						17,145,045 17,381,846
6 Sect	Public support. Subtract line 5 from line 4 ion B. Total Support					<u></u>	17,361,640
	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	• • • • • •						
7	Amounts from line 4.	5,290,956	5,491,728	7,796,964	7,449,762	8,497,481	34,526,891
8	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar						
	sources	925	4,782	4,258	8,724	3,719	22,408
9	Net income from unrelated business	525	.,		-,		
	activities, whether or not the business is						
	regularly carried on	0	0	0	0		0
10	Other income. Do not include gain or						
	loss from the sale of capital assets	_ [					
	(Explain in Part IV.)	0	0	0	7,058	9,246	16,304
11	Total support. Add lines 7 through 10					40	34,565,603
12	Gross receipts from related activities, etc. (s					12	· (0)
13	First five years. If the Form 990 is for the or					a section 501(c	) <sup>(3)</sup>
	organization, check this box and stop here	·	· · · · · ·		• • •	•	
	ion C. Computation of Public Support		11 1 44	1 (5)	1	44	50.000/
14	Public support percentage for 2009 (line 6, c		•			14	50 29%
15	Public support percentage from 2008 Sched					15	47 72%
16a	33 1/3% support test–2009. If the organiza and stop here. The organization qualifies as			•	e 14 is 33 1/39	% or more, cne	ck this box ► X
b	33 1/3% support test-2008. If the organization	tion did not che	ck a box on lin	ie 13 or 16a, ai	nd line 15 is 33	3 1/3% or more	, check this
	box and stop here. The organization qualifie						▶
17a	10%-facts-and-circumstances test-2009.						
	or more, and if the organization meets the "f						
_	the organization meets the "facts-and-circum		-	•			
b	10%-facts-and-circumstances test-2008.						
	or more, and if the organization meets the "f						
	the organization meets the "facts-and-circun	nstances" test.	ı ne organızatı	on qualities as	a publicly sup	ported organiza	ation . 🕨 🖳
18	Private foundation, if the organization did not ch	eck a box on line	13 16a 16b 1	7a or 17b, check	this box and se	e instructions	▶

	(Complete only if you checked the	he box on line	9 of Part I)				
	ion A. Public Support					_	
Cale	endar year (or fiscal year beginning in) 🕒	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	0	o O				
•	• • •	- 0	U	<del></del>			
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the	0	0				
3	organization's tax-exempt purpose Gross receipts from activities that are not an	U			<del> </del>		
4	unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on				-		(
	ıts behalf	Ō	0				(
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0				
6	Total. Add lines 1 through 5	Ö	0	0	0	0	(
	Amounts included on lines 1, 2, and 3 received from disqualified persons	-					(
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year				0		
с 8	Add lines 7a and 7b  Public support (Subtract line 7c from	0	0	0	0	0	
	line 6 )						(
	tion B. Total Support						T
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6 Gross income from interest, dividends,	0	0	0	0	0	(
	payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses		-,				
_	acquired after June 30, 1975	0	0	0	0	0	
11	Add lines 10a and 10b  Net income from unrelated business					O	
	activities not included in line 10b, whether or not the business is regularly carried on .						
12	Other income Do not include gain or loss from the sale of capital assets						
4.0	(Explain in Part IV)	0	0				
13	Total support. (Add lines 9, 10c, 11, and 12)	0	o	0	0	0	
14	First five years. If the Form 990 is for the org	ganization's firs	t, second, third	I, fourth, or fifth	n tax year as a	section 501(c)	(3)
	organization, check this box and stop here .						. ▶ _
Sect	tion C. Computation of Public Support	Percentage					
15	Public support percentage for 2009 (line 8, co	olumn (f) divide	d by line 13, co	olumn (f))		15	0 00%
16	Public support percentage from 2008 Schedu			<u> </u>		16	0 00%
	tion D. Computation of Investment Inco			- 40	0,	47	0.00%
17 18	Investment income percentage for 2009 (line Investment income percentage from 2008 Sc	hedule A, Part	III, line 17			17	0.00% 0.00%
19a	33 1/3% support tests-2009. If the organiza	tion did not che	eck the box on	line 14, and lin	ie 15 is more tl		
	not more than 33 1/3%, check this box and st 33 1/3% support tests-2008. If the organization d line 18 is not more than 33 1/3%, check this box ar	<b>top here.</b> The old not check a bo	organization qu ox on line 14 or lii	ıalıfies as a pu ne 19a, and lıne	blicly supporte 16 is more than	d organization 33 1/3% and	
20	Private foundation. If the organization did no	· ·	-				s 🕨

Schedule A (Form	990 or 990-EZ) 2009	SAT-7 North	America		_		23-2964829	Page <b>4</b>
Part IV	Supplemental	Information.	Complete	this part to prov	ide the explana	ations required	by Part II, line 1	10;
<u></u>	Part II, line 17a	or 17b; and F	Part III, line	12. Provide any	other addition	al information.	See instruction	s
		· · · · · · · · · · · · · · · · · · ·	•					
								<b></b>
								<b></b>

#### SCHEDULE D (Form 990)

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.

20**09** 

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

SAT-	7 North America		<u> </u>	23-2964829
Par	Organizations Maintaining Done	or Advised Funds or Other Similar F	unds or	Accounts. Complete if
	the organization answered "Yes" t	o 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 d	onor advisors in writing that the assets he	ld in donor	advised
	funds are the organization's property, subject	ct to the organization's exclusive legal con	trol?	. L Yes No
6	Did the organization inform all grantees, do	nors, and donor advisors in writing that gra	ent funds ca	an be
	used only for charitable purposes and not for	r the benefit of the donor or donor advisor	, or for any	other
	purpose conferring impermissible private be	nefit?		Yes No
Par	Conservation Easements. Comp	lete if the organization answered "Yes	" to Form	990, Part IV, line 7
1	Purpose(s) of conservation easements held	by the organization (check all that apply)		
•	Preservation of land for public use (e.g.		n of an hist	orically important land area
	Protection of natural habitat	_		fied historic structure
	<b>=</b>	Freservation	ii oi a ceitii	ned historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organiza	ation held a qualified conservation contribu	ition in the	form of a conservation
	easement on the last day of the tax year			
				Held at the End of the Tax Year
а	Total number of conservation easements		. 22	
b	Total acreage restricted by conservation ea		2t	
C	Number of conservation easements on a ce		20	
d	Number of conservation easements include			
3	Number of conservation easements modifie	a, transferred, released, extinguished, or t	eminated	by the organization
	during the tax year	consequetion excepted.		
4 5	Number of states where property subject to Does the organization have a written policy		ion handlir	an of
,	violations, and enforcement of the conserva			Yes No
6	Staff and volunteer hours devoted to monitor			
٠	b	mily, more oung, and emoloning conservation	on caccinic	The daring the year
7	Amount of expenses incurred in monitoring,	inspecting, and enforcing conservation ea	asements o	luring the year
•	► \$	moposting, and officions concertation of		amig are year
8	Does each conservation easement reported	on line 2(d) above satisfy the requiremen	ts of sectio	ın.
•	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	. or mio z(a) above called the requirement		. Yes No
9	In Part XIV, describe how the organization r	eports conservation easements in its reve	nue and ex	
•	balance sheet, and include, if applicable, the			
	the organization's accounting for conservati	<del>_</del>		
Par		ons of Art, Historical Treasures, or Othe	er Similar A	Assets.
	Complete if the organization answere	d "Yes" to Form 990, Part IV, line 8.		
1a	If the organization elected, as permitted und	ler SFAS 116, not to report in its revenue :	statement a	and balance sheet works of
	art, historical treasures, or other similar asse	ets held for public exhibition, education, or	research i	n furtherance of public
	service, provide, in Part XIV, the text of the			
b	If the organization elected, as permitted unc			
	historical treasures, or other similar assets t		earch in fu	rtherance of public
	service, provide the following amounts relati	_		
	(i) Revenues included in Form 990, Part VII			
	(ii) Assets included in Form 990, Part ${\sf X}$			
2	If the organization received or held works of		ssets for fir	nancial gain, provide the
	following amounts required to be reported u			
а	Revenues included in Form 990, Part VIII, li	ne 1		. • \$
b	Assets included in Form 990, Part X			▶ \$

Part	III Organizations Maintainin	g Collections of	Art, His	torical 1	Treasures,	or Oth	er Similar A	ssets (c	ontinu	ıed)
3	Using the organization's acquisition	, accession, and o	ther reco	ords, chec	ck any of the	e followi	ng that are a s	signıfican	t	
-	use of its collection items (check all			·	,		J	Ū		
а	Public exhibition		d [	Loan	or exchange	e progra	ms			
b	Scholarly research		e	Other						
С	Preservation for future genera	ations		_						
4	Provide a description of the organiz Part XIV.		and expl	lain how t	hey further	the orga	ınızatıon's exe	mpt purp	ose in	i
_	During the year, did the organization	a policit or receive	danation	a of ort l	hintariaal tra	0011500	or other emile	nr.		
5	assets to be sold to raise funds rath	er than to be mair	ntained a	s part of t	the organiza	ition's c	ollection?	Y	es 🗌	] No
Part	IV, line 9, or reported an ar	mount on Form 9	990, Par	t X, line	<u>2</u> 1.				), Par 	t 
1a	Is the organization an agent, trustee						her assets not	_	_	1
	included on Form 990, Part X?							Y	es	No
b	If "Yes," explain the arrangement in	Part XIV and com	plete the	following	g table:		<del> </del>	A		
	Danisarus halanas					40	<del> </del>	Amount		
C	Beginning balance	•	•			. 1c	<del> </del>			0
d	Additions during the year					1d				——
e f	Distributions during the year					1e				0
	•				•					
2a	Did the organization include an amo		Part X, I	ine 21?				Y₁	es X	No
b	If "Yes," explain the arrangement in		·		d 11V11 to 1	Farm 0	00 Ded IV I	10		
Part	V Endowment Funds. Com				1		(d) Three years ba			
4-	Designation of year holonos	(a) Current year		or year	(c) Two year	SDACK	(d) Three years ba	ick (e) Fo	our years	back
1a	Beginning of year balance	U						<del></del>		
b	Contributions									
С	Net investment earnings, gains,									
	and losses									
d	Grants or scholarships									
е	Other expenditures for facilities and programs						*			
	Administrative expenses							-		
f	End of year balance	0		0						
g 2	Provide the estimated percentage o				L	L				
a	Board designated or quasi-endowm		%							
h	Permanent endowment	%								
c	Term endowment	%								
3a	Are there endowment funds not in the		he organ	ization th	at are held	and adn	ninistered for t	he		
	organization by:								Yes	No
	(i) unrelated organizations		_					3a(i)		
	(ii) related organizations							3a(ii)		
b	If "Yes" to 3a(II), are the related orga	anizations listed as						3b		
4	Describe in Part XIV the intended us									
Part	VI Investments—Land, Buil	dings, and Equi	pment.	See For	m 990, Pa	rt X, Iın	e 10.			
	Description of investment	(a) Cost or oth			st or other s (other)		ocumulated preciation	(d) Bo	ook value	В
1a	Land		0		0					0
b	Buildings		0		0		0			0
С	Leasehold improvements		0		7,735		7,735			0
d	Equipment .		0		212,518		154,175		5	8,343
e	Other		0		0		0			0
Total	. Add lines 1a through 1e. (Column (		m 990, P	art X, col	umn (B), lin	e 10(c)	) ▶		5	8,343

organization's liability for uncertain tax positions under FIN 48.

90	_	- 3
au	_	•

Part VII Investments—Other Securities	s. See Form 990, Part X,	line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives	0	
Closely-held equity interests	0	<del>                                     </del>
Other	0	
	0	<del></del>
	0	<del>                                     </del>
	0	
	0	
	0	
	0	
	0	
	0	
Total (Column (b) must equal Form 990, Part X, col. (B) line 12.)	0	
Part VIII Investments—Program Relate	d. See Form 990, Part X,	line 13
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	0	
Part IX Other Assets. See Form 990, F	art X, line 15	·
(	a) Description	(b) Book value
		0
		0
		0
****		0
		0
		0
		0
		0
		0
Total. (Column (b) must equal Form 990, Part X,		<u></u> <u>.</u> ▶  0
Part X Other Liabilities. See Form 990	1	
1. (a) Description of liability	(b) Amount	
Federal income taxes		0
		_0
		<u>0</u> 0
		<u> </u>
		<del>-  </del>
		<u>-                                    </u>
		0
		0
		0
		0
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)		0
2. FIN 48 Footnote In Part XIV, provide the text o	f the footnote to the organize	ation's financial statements that reports the

Pa	a	e	4

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Financia	I Statement	is
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	8,510,446
2	Total expenses (Form 990, Part IX, column (A), line 25) .	2	8,463,359
3	Excess or (deficit) for the year. Subtract line 2 from line 1.	3	47,087
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	
9	Total adjustments (net) Add lines 4 through 8	9	0
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	47,087
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	e per Returr	1
1	Total revenue, gains, and other support per audited financial statements	1	8,510,446
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV.)		
е	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	. 3	8,510,446
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV )		
С	Add lines 4a and 4b	4c	0
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	8,510,446
Par	t XIII Reconciliation of Expenses per Audited Financial Statements With Expense	ses per Retu	ırn
1	Total expenses and losses per audited financial statements	1	8,463,359
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIV )		
е	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	8,463,359
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV ) 4b		
С	Add lines 4a and 4b	. 4с	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	8,463,359
Par	t XIV Supplemental Information		
and	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an 2b; Part V, line 4, Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and an part to provide any additional information.		
••••			
			••••••
			·

SAT-7 North America 23-2964829

Scriednie fo (Lourn	1990) 2009	Page 3
Part XIV	Supplemental Information (continued)	
•		
		- <b></b> -
• • • • • • • • • • • • • • • • • • • •		
		. <b></b> .

#### Schèdule 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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

SAT-7 North America

► Attach to Form 990. ▶ See separate instructions. Name of the organization

Employer identification number 23-2964829

Га		rmation on Ac 990, Part IV, line		de the United States. Co	omplete if the organization ar	nswered
1	assistance, the grantee	es' eligibility for th	ne grants or ass	ords to substantiate the amo		
	the grants or assistanc	e7				Yes No
2	For grantmakers. Des United States.	cribe in Part IV t	he organization	's procedures for monitoring	g the use of grant funds outs	ide the
3	Activities per Region. (	Use Schedule F-	1 (Form 990) if	additional space is needed	.)	<u> </u>
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in 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	(f) Total expenditures for region
Mic Afr	ddle East and North	1	100	Program Services	Satelitte Broadcast TV	5,750,981
<u> </u>		1	100	Program Services	Satelitte Broaucast 1 v	5,750,961
		0	0			<u> </u>
		0	0			0
		o	0			
		0	0			0
			_			
		0	0			0
		0	0			<u> </u>
		0	0			C
		0	0			0
		0	0			q
		0	0			O
		0	0			0
			<u> </u>			
		0	0			0
		0	0			
	<del></del>	0	0		-	0
		0	0			0
	······································	0	0			0
Tot	tals ▶		100			5,750,981

SAT-7 North America

nedule F (Form 990)	• •
	ğ
	(Form
edule	ш
	hedule

(i) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, (h) Description of non-cash assistance Part IV, line 15, for any recipient who received more than \$5,000 Check this box if no one recipient received more than \$5,000. 90 0 0 0 C 0 (g) Amount of non-cash assistance 5,750,981 Fund Transfers cash disbursement (f) Manner of 0 0 0 0 (e) Amount of cash grant (d) Purpose of grant Broadcast TV Facilities Use Schedule F-1 (Form 990) if additional space is needed. Middle East and (c) Region North Africa (b) IRS code section and EIN (if applicable) (a) Name of organization Part II

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Enter total number of other organizations or entitles

~

က

Schedule F (Form 990) 2009

0

O

0

SAT-7 North America

Schedule F (Form 990) 2009

Schedule F (Form 990) 2009 Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. (h) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance 0 0 0 0 (f) Amount of non-cash assistance (e) Manner of disbursement cash (d) Amount of cash grant 0 0 0 0 0 0 0 0 (c) Number of recipients Use Schedule F-1(Form 990) if additional space is needed. (b) Region (a) Type of grant or assistance Part III

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

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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.

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

OMB No 1545-0047

Open To Public Inspection

	of the organization					Employer Identificati	
SAT-	7 North America					23-290	
Pai	Fundraising Activities. C Form 990-EZ filers are not	•	-		ered "Yes" to Forn	n 990, Part IV, IIII	e 17
1	Indicate whether the organization ra	<del></del>	<del></del>		ing activities. Check	c all that apply.	
a	X Mail solicitations				of non-government		
b	X Internet and email solicitations		=		of government gran	=	
c	Phone solicitations		=		draising events		
d	X In-person solicitations		9 🖭 -	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	aramamag aramma		
_	Did the organization have a written	or oral agreeme	ant with an	, individua	l (including officers	directors trustees	
2a	or key employees listed in Form 999						
b	If "Yes," list the ten highest paid ind					•	
_	to be compensated at least \$5,000		-	7, 1,			
		<del></del>	1			(v) Amount paid to	
	(i) Name of individual or entity (fundraiser)	(ii) Activity		draiser have r control of	(iv) Gross receipts from activity	(or retained by)	(vi) Amount paid to (or retained by)
	or orially (randicious)	1	contributions?			fundraiser listed in col (i)	organization
			Yes	No			
			<del> </del>		0	0	0
					o	0	0
					0	0	0
		-	<del> </del>				0
	<del> </del>		<del> </del>		0	0	0
					o	0	0
					o	0	0
					o	0	0
						, ,:-	
			<del>                                     </del>		0	0	0
					0	0	0
			<u> </u>		0	0	0
Tota	l <u>.</u>			. •	o		0
3	List all states in which the organizat	ion is registered	d or license	d to solicit	t funds or has been	notified it is exemp	ot from
	registration or licensing.						
 ^rizo	na, California, Colorado, Georgia, Illi	noie Indiana K	entucky M	landand M	Alesouri Minnesota	Michigan Florida	
	York, Pennsylvania, North Carolina,						
	••••						

Schedule G.(Form 990 or 990-EZ) 2009

Pa	rt II		s. Complete if the orga on Form 990-EZ, line 6				r repo	rted
			(a) Event #1	(b) Event #2	(c) Other events	(d) To (add col	tal events (a) throu	
ne		Grass ragaints	(event type)	(eveni (ype)	(total number)			
Revenue	2	Gross receipts Less: Charitable contributions	0	0	0			0
	3	Gross income (line 1 minus line 2)	0	0	0			0
	4	Cash prizes	0		0			0 0
	5	Noncash prizes	0					0
es	6	Rent/facility costs	0					0
Direct Expenses	7	Food and beverages .	0		-			0
rect E	8	Entertainment	0	,				0
ቯ	9	Other direct expenses .	0	0	0			0
	10	Direct expense summary	Add lines 4 through 9 in	column (d)		(		0)
D.	11	Net income summary Con			<b>&gt;</b>			0
Pa	rt III	than \$15,000 on Fo	if the organization answrm 990-EZ, line 6a	wered "Yes" to Form 98	90, Part IV, line 19, or r	eportea m	ore	
Revenue		·	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total col (a) thr		
Reve	1	Gross revenue						0
Se	2	Cash prizes						0
ect Expenses	3	Noncash prizes .						0
	4	Rent/facility costs						0
<u>ā</u>	5	Other direct expenses .						0
	6	Volunteer labor	Yes %	Yes %	Yes%			
	7	Direct expense summary	Add lines 2 through 5 in o	column (d)		(		0)
	8	Net gaming income summ	ary. Combine line 1, colu	ımn d, and line 7				0
9	Fr	nter the state(s) in which the	organization operates d	aming activities:			Yes	No
a	ı Is	the organization licensed to "No," explain:			?	9a	-	-
_	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?					10a		
	) If'	"Yes," explain:						
11		pes the organization operat			1 11			
12		the organization a grantor, rmed to administer charitab		a trust or a member of a p				

SAT-7 North America Schedule G (Form 990 or 990-EZ) 2009

Sched	ule G (Form 990 or 990-EZ) 2009			Page 3
			Yes	No
13	Indicate the percentage of gaming activity operated in:	1 1		1
а	The organization's facility	.]		;
ь	An outside facility	.]		
14	Enter the name and address of the person who prepares the organization's gaming/special events books	] [		;
	and records:			
	Name ▶			
		1 1		
	Address ▶			i
				į
15a	Does the organization have a contract with a third party from whom the organization receives gaming			
	revenue?	15a		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the			1
	amount of gaming revenue retained by the third party ▶ \$			
С	If "Yes," enter name and address of the third party:			í
	Name ▶			
	Address ▶			!
16	Gaming manager information			i
	AL .			·
	Name ▶			
	O	1		
	Gaming manager compensation   \$0	,		
	Description of continuous provided.			
	Description of services provided			
	Director/officer Employee Independent contractor			
	Director/officer Employee Independent contractor	`	`	,
47	Mandaton, dietributions:			
17	Mandatory distributions:  Is the organization required under state law to make charitable distributions from the gaming proceeds to		8 5	· 7. 3
а	retain the state gaming license?	17a	ـــــــــــــــــــــــــــــــــــــ	أسائما
b		""		
D	or spent in the organization's own exempt activities during the tax year > \$			
	or spent in the organizations own exempt activities during the tax year P \$			

#### SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

SAT-7 North America

**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.

 OMB No 1545-0047

2009

Open to Public Inspection

Employer identification number

23-2964829

Pai	t I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items.	e e e e e e e e e e e e e e e e e e e		
	First-class or charter travel  X Housing allowance or residence for personal use			
	X Travel for companions Payments for business use of personal residence			
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)			
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	1b	Х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all		V	
	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Х	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	Compensation committee Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	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.			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	O A COMPANY AND A FOAT MAN AND A COMPANY AND			
_	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			
5	compensation contingent on the revenues of	ř		
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of.			7,7,7
a	The organization?	6a		X
Ь	Any related organization?	6b		X
7	If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
•	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was			
-	subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		Х

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

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

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC	Compensation 3				
	_l	(i) Base	(ii) Bonus & incentive		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name		compensation	compensation	reportable compensation	other deferred compensation	benefits	(B)(ı)–(D)	Form 990-EZ
Local character for the property of the proper	8	0		0	0	0	0	0
ALL Personner were arready listed	(ii)	0	0	0	0	0	0	0
IV Prod Ood mad and post in our	(3)	0		0	0	0	0	0
as required on Form 990, Fait VII	<b>(E)</b>	0	0	0	0	0	0	0
	ε	0	10 10 10 10 10 10 10 10 10 10 10 10 10 1	0	0	0	0	0
	<u>(ii</u>	0	0	0	0	0	0	0
	€	0		0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
	(ε)	0		0	0	0	0	0
	Œ	0	0	0	0	0	0	0
	ε	0	11 11 11 11 11 11 11 11 11 11 11 11 11	0	0	0	0	0
	(ii)	. 0	0	0	0	0	0	0
	ε	0		0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
	ε	O		0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
	ε	0		0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
	Ξ	0		0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
	Ξ	0	0	0	0	0	0	0
	(ii)	0		0	0	0	0	0
	Ξ	0	0	O	0	О	0	0
	(ii)	0		0	0	0	0	0
	Ξ	0	0	0	0	0	0	0
	€	0		0	0	0	0	0
	Ξ	0	0	0	0	0	0	0
	(ii)	0		0	0	0	0	0
		0	0	0	0	0	0	0
	(E)	0		0	0	0	0	0
	ε	0	0	0	0	0	jo	0
	(ii)	0		0	0	0	0	0

Schedule J (Form 990) 2009

Page 3 23-2964829 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 Supplemental Information for any additional information SAT-7 North America Schedule J (Form 990) 2009 Part III

Schedule J (Form 990) 2009

**SCHEDULE J-1** (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

Continuation Sheet for Schedule J (Form 990)

Attach to Form 990 to list additional information for Schedule J (Form 990), Part II.
 See Instructions for Schedule J (Form 990).

Open to Publi Inspection

OMB No 1545-0047

Employer identification number 23-2964829 Schodulo 1 Dart II)

SAT-7 North America	h America							23-2964829	
Part I	Continuation of Officers, Directors, Trustees, Ke	irect	ors, Trustees, k	y Employees,	and Highest Col	and Highest Compensated Employees (Schedule J	oyees (Schedule	e J, Part II)	
			(B) Breakdown of W	-2 and/or 1099-M	ISC compensation	(C) Retirement and			(F) Compensation
	(A) Name	L	(ı) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable	other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(I)–(D)	reported in pnor Form 990 or Form 990-EZ
		ε	0	0		0	0	0	
		(E)	0	0	0	0	0	0	0
		ε	0	О	0	О	0	0	0
		(ii)	0	0	0	0	0	0	0
		(i)	0	0	0	0	0	0	0
		(ii)	0	0	0	0	0	0	0
		Ξ	0	0	0	0	0	0	0
		(ii)	0	0	0	0	0	0	0
			0	0	0	0	0	0	0
		(E)	0	0	0	0	0	0	0
		Ξ	0	0	0	0	0	0	0
		(ii)	0	0	0	0	0	0	0
		(i)	0	0		0	0	0	0
		(ii)	0	0	0	0	0	0	0
		(i)	0	0		0	0	0	0
		(ii)	0			0	0	0	0
		(i)		0	0	0	0	0	0
		<b>(E)</b>	0			0	0	0	0
		(i)	0	0		0	O	0	0
		(ii)	0		0	0	0	0	0
		<u></u>	O	0	0	0	0	0	0
		<u>(ii)</u>	0			0	0		0
		<u> </u>	0	0	0	O	0	0	0
		(ii)				0	0		0
		; ≘	0	0	0	O	0	0	0
		Œ)				0	0		0
		Ξ	0	0	0	0	0	0	0
		(ii)	0	0		0	0		0
		Ξ	O	0	0	O	0	0	0
		<b>a</b>	0	0		0	0		0
		<u>.</u> .	O	0	0	O	0	0	0
		€	0	0		0	0		0

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

Schedule J-1 (Form 990) 2009

# SCHEDULE O (Form 990)

# **Supplemental Information to Form 990**

OMB No 1545-0047

2009

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

Open to Publi Inspection Employer identification number

SAT-7 North America	23-2964829
Form 990 Part VI Section A Line 1-3, 11 Governing Body and Review Process of Form 990 Pri	or to the
annual Board Meeting in April, the Audit Committee Chair has received a draft copy of the Form	1 990
and Audited Financial Statement for review After the Audit Committee Chair review and meeting	g with
the Audit Committee, any issues identified are resolved and Final Form 990 are prepared. During	ng the
Annual Board Meeting in April there is a specific Agenda item to review, discuss and approve the	ne
Form 990, as well as the audited financial statements.	
Form 990 Part VI Section B Line 12c SAT-7 USA monitors compliance with the Conflict of Interest.	est
Policy as follows Each year the Conflict of Interest Policy is completed by key employees and	each
member of the Board of Directors. Any items listed whether true, perceived or real conflicts are	
discussed and resolved within the Board to insure compliance	
Form 990 Part VI Section B Line 15b Process of determining Compensation of Key Employees,	CEO and
Officers Consultation with National recognized Non-Profit Specialists in Non-Profit Compensati	on
standards for similar sized organizations and activities. The Board of Directors reviews all hiring	l <b></b>
decisions and compensation, and approves them. The organization will compare compensation	issues
with other organizations using publically available information	
Form 990 Part VI Section C Line 19 Public Disclosure of Governing Documents, Policies and A	udited
Financial Statements. On the Organization's website, all the above documents as required by S	ection
6104 are available. Also available on the website are links to request all the above information.	
Copies of all the above information has been provided to external organizations such as Charity	
Navigator, the Evangelical Council for Financial Accountability and others.	

Part X, Line 3 (990) - Pledges and Grants Receivable

		Pledges and grants receivable Allowance for doubtful accounts			
	Γ	Beginning	End	Beginning	End
1 ·Grants and Contributions Receivable	1	2,193,968	1,110,564	8,400	8,400
2	2				
3	3				
4	4				
5	5				
6	6				
7	7				
8	8 [				
9	9 [				
10	10				
11 Total pledges and grants receivable	11	2,193,968	1,110,564	8,400	8,400

art	X, Line 15 (990) - Other Assets	24,876	2,260
	Description	Beginning	End
1	Donated National Public Market Stock to be disposed of ASAP	24,876	2,26
2	T		
3	1		
4	<del></del>	ļ	-
5	<del></del>		
6	<del> </del>		
7	<del> </del>		-
•			
8_			
9			
10	<del> </del>		
11		-	
12	1		
13	<u></u>	_	
14			
15	<b>7</b> ·· · · · · · · · · · · · · · · · · ·		
16	**************************************		
17			
18	······································		
19			

# Part VI, Line 17 (990) - States with Which a Copy of this Form 990 is Required to be Filed

Armed Forces the Americas		Louisiana		Palau
Armed Forces Europe		Massachusetts		Rhode Island
Alaska	X	Maryland		South Carolina
Alabama		Maine		South Dakota
Armed Forces Pacific		Marshall Islands	X	Tennessee
Arkansas	X	Michigan	X	Texas
American Samoa	X	Minnesota		Utah
X Arizona	Х	Missouri		Virginia
X California		Commonwealth of the Northern Mariana Islands		U.S. Virgin Islands
X Colorado		Mississippi		Vermont
Connecticut	L	Montana	X	Washington
District of Columbia	<u> </u>	North Carolina		Wisconsin
Delaware	<u> </u>	North Dakota	<u> </u>	West Virginia
XFlorida		Nebraska	L	Wyoming
Federated States of Micronesia	<u></u>	New Hampshire		
X Georgia		New Jersey		
Guam		New Mexico		
LHawaiı		Nevada		
lowa		New York		
Idaho	X	Ohio		
X Illinois	╙	Oklahoma		
XIndiana	L_	Oregon		
Kansas	LX.	Pennsylvania		
XKentucky	<u> </u>	Puerto Rico		