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Return of Organization Exempt From Income Tax

OMB No 1545-0047

Open to Public

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. Inspection Internal Revenue Service 20 09 2009, and ending For the 2009 calendar year, or tax year beginning December 31 January 1 D Employer identification number C Name of organization Salt & Light Radio, Inc. Check if applicable use IRS label or 2449342 Doing Business As 26 Address change Number and street (or P.O. box if mail is not delivered to street address) Room/suite Telephone number print o Name change 208) 344-4774 P O Box 714 Initial return Specific City or town, state or country, and ZIP + 4 ☐ Terminated Instructions. Boise, ID 83701 G Gross receipts \$ 586227 Amended return F Name and address of principal officer: Keith Pettyjohn H(a) Is this a group return for affiliates? Yes Application pending 4948 N. Point Place, Boise, ID 83703 H(b) Are all affiliates included? ✓ Yes □ No Tax-exempt status: **☑** 501(c) (**3**) **◄** (insert no.) **☐** 4947(a)(1) or If "No," attach a list (see instructions) Website: ▶ H(c) Group exemption number ▶ Form of organization: Corporation Trust Association Other 2008 M State of legal domicile: ID Part I Summary Briefly describe the organization's mission or most significant activities: To operate and administer a radio station affiliated with the Roman Catholic Church in the United States 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 8 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 0 6 10 Total number of volunteers (estimate if necessary) 7a Total gross unrelated business revenue from Part VIII, column (C), line 12. 7a 0 b Net unrelated business taxable income from Form 990-1, line 34. 7b 0 Current Year Contributions and grants (Part VIII, line in 91.441 565,535 Program service revenue (Part VIII, line 2g) 57 44 Other revenue (Part VIII, column A), lines 5, 6d, 8c, 9c, 10c, and 11e)
Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 20,648 91,498 586,227 Grants and similar amounts paid (Part X, Column (A), lines 1-3). Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) ▶ 38.203 117.690 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 38,203 117,690 19 Revenue less expenses. Subtract line 18 from line 12 53.295 468.537 ssets or Balances Beginning of Current Year **End of Year** 53.295 971,832 20 Total assets (Part X, line 16) Total liabilities (Part X, line 26) 450,000 Net assets or fund balances. Subtract line 21 from line 20 53,295 521,832 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 correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Here IREASURER Type or print name and title Date Check if Preparer's identifying number Preparer's (see instructions) signature employed ▶ L Paid Preparer's Firm's name (or yours Use Only if self-employed), address, and ZIP + 4 Phone no. ► (

Pai	t III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: To operate and administer a radio station affiliated with the Roman Catholic Church in the United States
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O. Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 125333.44 including grants of \$) (Revenue \$ 586227) KGEM and KCID radio stations were purchased during 2009 and they began operating. All money that has been donated has been used to purchase and operate these 2 radio stations.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses ► 125333

Pai	rt 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	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	-	ļ
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		1
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		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		✓
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9_		1
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10		1
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	✓	
•	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		✓
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		√
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II.	15	_	✓
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? If "Yes," complete Schedule F, Part III	16		✓
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		✓
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	1	_
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		✓
<u> 20</u>	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		✓

Par	rt IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21		1
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated	02		
04-	employees? If "Yes," complete Schedule J	23		V
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		√
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		✓
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
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		1
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		√
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		√
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		✓
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	38	✓	

Par	Statements Regarding Other IRS Fillings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		-
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
b	Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a		✓
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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)?	4 a		1
b	If "Yes," enter the name of the foreign country: ▶			
,	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	1	✓
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5c		√
	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?	6a		✓_
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		✓
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		✓
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<i>,</i>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		✓
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		ł	
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		- 1	
_		8		
9	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	9a	- 1	,
a b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12	I		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities]	
11	Section 501(c)(12) organizations. Enter:		İ	
	Gross income from members or shareholders	ļ		
	Gross income from other sources (Do not net amounts due or paid to other sources against	Ì		
	amounts due or received from them.)	ļ	1	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b	Į.		

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

Sec	tion A. Governing Body and Management					,
		ı		. —	Yes	No
1a	Enter the number of voting members of the governing body	<u>1a</u>		.8		'
b	Enter the number of voting members that are independent	1b	@	· .8r		1
2	Did any officer, director, trustee, or key employee have a family relationship or a business	relation	onship w	ith	_	
	any other officer, director, trustee, or key employee?			2		✓
3	Did the organization delegate control over management duties customarily performed by or	unde	r the dire	ect		İ
	supervision of officers, directors or trustees, or key employees to a management company or o			3		✓
4	Did the organization make any significant changes to its organizational documents since the prior For	-		? 4		√
5	Did the organization become aware during the year of a material diversion of the organiza			5		V
6	Does the organization have members or stockholders?			6		✓
7a	Does the organization have members, stockholders, or other persons who may elect one o	r mor	e membe	ers		
	of the governing body?			78		/
b	Are any decisions of the governing body subject to approval by members, stockholders, or oth	er per	sons?	71)	1
8	Did the organization contemporaneously document the meetings held or written actions ur			na		
	the year by the following:			٦	1	
а	The governing body?			88	•	1
	Each committee with authority to act on behalf of the governing body?			. 81	•	1
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who ca	nnot l	oe reach	ed		
	at the organization's mailing address? If "Yes," provide the names and addresses in Sched	dule C)	. 9	,	1
Sec	tion B. Policies (This Section B requests information about policies not requ	ıred	by the	Interna	ī	
Rev	enue Code.)		,			
			-		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?			10	a	1
	If "Yes," does the organization have written policies and procedures governing the activities of	nf suc	 h chantei			T
_	affiliates, and branches to ensure their operations are consistent with those of the organization			10	اد	į
11	Has the organization provided a copy of this Form 990 to all members of its governing body			· -		T
	form?	DCIO	re ming t	" 11	1	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 9	agn .			Ť	
	Does the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>			12	1	
	Are officers, directors or trustees, and key employees required to disclose annually interest		could air		1	
-	rise to conflicts?	s triat	could gi	12	. 🗸	1
_		٠			 	
C	Does the organization regularly and consistently monitor and enforce compliance with the describe in Schedule O how this is done	policy	rr it "Yes	120		
13	Does the organization have a written whistleblower policy?	• •		13		1
14	Does the organization have a written document retention and destruction policy?			14		7
15	Did the process for determining compensation of the following persons include a review	· ·	noroval		 	<u> </u>
	independent persons, comparability data, and contemporaneous substantiation of the deliberati					
а	The organization's CEO, Executive Director, or top management official			15	.	1
	Other officers or key employees of the organization			151		<u> </u>
_	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			<u> </u>	1	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or sim	ilar ar	rangama			
	with a taxable entity during the year?		rangeme	16		1
					1	-
D	If "Yes," has the organization adopted a written policy or procedure requiring the organizatis participation in joint venture arrangements under applicable federal tax law, and taken ste	ation i	o evalua	te	İ	ĺ
	the organization's exempt status with respect to such arrangements?	sps to	Salegua	161		
Sec	tion C. Disclosure	· ·	• • •	100	<u>' </u>	
<u> </u>						
18	List the states with which a copy of this Form 990 is required to be filed Lidaho.					
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990,	and 9	990-1 (50)(3)s	only)	
	available for public inspection. Indicate how you make these available. Check all that apply	/.				
40	Own website					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing doc	cumer	its, confl	ict of in	terest	
00	policy, and financial statements available to the public.				_	
20	State the name, physical address, and telephone number of the person who possesses the organization: ► William R. Teske, 3401 Wagonwheel Rd., Boise, ID 83702	e poo	ks and re	ecords	of the	

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

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

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

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

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

Check this box if the organization did not co	mpensate	any o	curr	ent	offi	cer, c	lirec	tor, or trustee.		
(A)	(B)			•	C)			(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee or director	nstitutional trustee	Officer	ম Key employee	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
Keith Pettyjohn Director, President	!	1		/				0	0	0
John Berrilla Director, Vice-President		1		1				0	0	0
Bill Teske Treasurer		1		1				0	0	0
Bruce Todd Secretary		1		✓				0	0	0
Jesus Camacho		1		Ť				0	0	0
Dan Minnaert		√						0	0	0
		•								
									·	
										· · · · · · · · · · · · · · · · · · ·

Pa	A Section A. Officers, Directors, Tru (A)	(B)	Citip	noy.		, <i>a</i> 11 C)	u mg	11621	(D)	(E)	COMM	(F)	
	Name and title	Average	Position (check all that ap					ipły)	Reportable	Reportable		Estimat	ted
			Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MIS	C)	amount other compense from to organization and relation	r ation he ation ated
										-			
		·											
					,								
1b	Total							▶	0		0	-	0
2	Total number of individuals (including but r		to the	ose	liste	ed a	above) wh	o received mo	re than \$100	,000 i	n	
	reportable compensation from the organiza	ition >								·		174	1
3	Did the organization list any former office	r director	or tn	iste	اء م	ev	emnl	างคอ	or highest o	nmnensated		Yes	No
_	employee on line 1a? If "Yes," complete Se	chedule J i	for su	ch i	indi	vidu	ıal .				3		1
4	For any individual listed on line 1a, is the s the organization and related organizations of individual.										4		/
5	Did any person listed on line 1a receive services rendered to the organization? If ")	or accrue /es," comp	 comp lete S	pens Sch	atio	on f le J	rom a	any uch	_	anization for	5		1
Se	ction B. Independent Contractors												
1	Complete this table for your five highest cocompensation from the organization.	mpensate	d inde	epe	nde	nt c	ontra	ctor	s that received	more than \$	100,0	00 of	
	(A) Name and business add	ress							(B) Description of se	ervices	Com	(C) pensatio	n
	7.11												
2	Total number of independent contractors (in more than \$100,000 in compensation from	ncluding but	it not	limi n. ►	ted	to t	hose	liste	d above) who	received			

Pari	VIII					r	T
, Hell		Statement of Nevende		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e	Federated campaigns					
	g	and similar amounts not included above Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f	565,535	565,535			
	 ''		siness Code	303,333			
Program Service Revenue	2a b c						
ogram Se	e f	All other program service revenue .					
_ <u>₹</u>	g	Total. Add lines 2a-2f	•				
	3	Investment income (including dividends, into other similar amounts)	► :	44			
	b c d 7a	Gross Rents Less: rental expenses Rental income or (loss) Net rental income or (loss) Gross amount from sales of assets other than inventory					
	С	Less: cost or other basis and sales expenses . Gain or (loss)	▶			-	,
Other Revenue	Ь	Gross income from fundraising events (not including \$	27,891 7,643	20,248			
	l	Gross income from gaming activities. See Part IV, line 19					
		Less: direct expenses b Net income or (loss) from gaming activities	▶				
	b	Gross sales of inventory, less returns and allowances a Less: cost of goods sold b Net income or (loss) from sales of inventory .					
	11a	Radio Sponsorship	iness Code	400			
	b						
	C	All other revenue					
		All other revenue		400	_,, = ,,		
	12	Total revenue. See instructions.		586,227			

Part IX Statement of Functional Expenses

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

	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				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):)	1	
а	Management	22.200	22.200		
b	Legal	22,390	22,390		
C	Accounting				
đ	Lobbying				
	Professional fundraising services. See Part IV, line 17				 _
f	Investment management fees	1.055	1.055		· · · · · · · · · · · · · · · · · · ·
g	Other	1,055 2,494	1,055		
12	Advertising and promotion	5,317	2,494	5,317	
13	Office expenses	3,317		3,317	
14	Information technology				
15	Royalties	2,424		2,424	
16	Occupancy			2,727	
17	Travel				
18	Payments of travel or entertainment expenses				
19	for any federal, state, or local public officials Conferences, conventions, and meetings	1,242	1,242		
20	Interest	9,529	9,529		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	2,399	2,399		
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
_	Property Taxes	8,284		8,284	
a	Computer and Software	1,864	-	1,864	<u></u>
þ	KDJQ Settlement Fees	7,397	7,397	1,004	
C C	Broker Commission/Due Diligence	52,095	52,095		
d e	Membership Fees	1,097	1,097		
e f	All other expenses Broadcast Services	103	103		
	Total functional expenses. Add lines 1 through 24f	117690	99,801	17,889	
<u>26</u>	Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation		23,001		

Pa	ırt X	Balance Sheet			
•			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	18,295	-	29,547
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	 	3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
əts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
⋖	9	Prepaid expenses and deferred charges	35,000	9	 .
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	Ь	Less: accumulated depreciation 10b		10c	442,285
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	500,000
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	53,295	16	971,832
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
_		persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	450,000
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
es	26	Total liabilities. Add lines 17 through 25		26	450,000
2					
Fund Balances	27	Unrestricted net assets		27	
9	28	Temporarily restricted net assets		28	
Š	29	Permanently restricted net assets		29	
Net Assets or F		Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
μ×	32	Retained earnings, endowment, accumulated income, or other funds	53,295	32	521,832
ž	33	Total net assets or fund balances	53,295	33	521,832
	34	Total liabilities and net assets/fund balances	53,295	34	971,832

Par	t XI Financial Statements and Reporting						
			Yes	No			
1	Accounting method used to prepare the Form 990:						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in						
	Schedule O.	_	1 1	, .			
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
b	b Were the organization's financial statements audited by an independent accountant?						
	c 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.			,			
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:						
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in						
	the Single Audit Act and OMB Circular A-133?	3a		✓			
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.	3ь					

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No. 1545-0047
2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization 26 2449342 Salt & Light Radio, Inc. 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.) 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.) 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 in section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(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 331/4 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33% % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III-Functionally integrated **d** ☐ Type III–Other a 🗌 Type I **b** Type II e 🗌 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) and (iii) below, the governing body of the supported organization? 11g(ii) (ii) A family member of a person described in (i) above? |11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . Provide the following information about the supported organization(s). h (iii) Type of organization (iv) Is the organization (vi) Is the (vii) Amount of (v) Did you notify (i) Name of supported (ii) EIN organization (described on lines 1-9 in col (i) listed in your the organization in organization in col. support (i) organized in the col (i) of your above or IRC section governing document? (see instructions)) support? U.S? Yes No Yes Yes

Par	(Complete only if you check					and 170(b)(1))(A)(vi)
Sec	tion A. Public Support		<u> </u>		,		
Ca	lendar 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.")				91,441	593,426	684,867
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3				91,441	593,426	684867
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) Public support. Subtract line 5 from line 4.						
6	4.4	L	<u> </u>		L		
	tion B. Total Support lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 4	(6) 2000	(2) 2000	(0) 2001	91,441	593,426	684,867
7 8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				58	44	102
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)					400	400
11	Total support. Add lines 7 through 10 .	L	<u></u>		<u> </u>		685,369
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for organization, check this box and stop he	re	<u> </u>				n 501(c)(3) > 🗾
Sec	tion C. Computation of Public Su	pport Perce	ntage				
14	Public support percentage for 2009 (line	6, column (f) d	ivided by line 1	I, column (f))		14	
15 16a	Public support percentage from 2008 Sci 33 % % support test—2009. If the organiand stop here. The organization qualifies	zation did not	check the box		ine 14 is 331/3 %		% ck this box
b	33% % support test—2008. If the organization qualibox and stop here. The organization qua	zation did not	check a box on	line 13 or 16a,	and line 15 is 3	33/3 % or more,	check this
17a	10%-facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circum reacts the "facts-and-circum"	acts-and-circu	mstances" test,	check this box	and stop here.	Explain in Part	IV how the
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "forganization meets the "facts-and-circumstance Private foundation. If the organization did	acts-and-circur ances" test. The	nstances" test, o organization qua	check this box a alifies as a public	and stop here. cly supported org	Explain in Part I ganization	V how the

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support	, <u>, , , , , , , , , , , , , , , , , , </u>					
Ca	lendar 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.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						ļ
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 6	The value of services or facilities furnished by a governmental unit to the organization without charge						
	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						
С	Add lines 7a and 7b					<u> </u>	
8	Public support (Subtract line 7c from line 6.)	<u>.</u>					
	tion B. Total Support		I a. a.a.a			T	T 49 =
Ca	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		i	·			
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)					<u> </u>	504(1)(0)
14	First five years. If the Form 990 is for organization, check this box and stop	here	<u> </u>				ion 501(c)(3) ▶ □
	tion C. Computation of Public Su	·-·		- 40!	(6)	48	
15	Public support percentage for 2009 (lin					15	<u>%</u>
16 Sec	Public support percentage from 2008 Stion D. Computation of Investment			<u> </u>	· · · ·	16	%_
					.1 (0)	147	%
17	Investment income percentage for 200					17	
18	Investment income percentage from 20 331/3 % support tests – 2009. If the organization						
19a	17 is not more than 33% %, check this b						
b	33\% % support tests—2008. If the organ line 18 is not more than 33\% %, check this	ization did not	check a box on	line 14 or line	19a, and line 1	6 is more than	331/3 %, and
20	Drivate foundation If the organization						

		Page 4
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instruction	e 10; ns.
Part II, Lir	ne 10: Radio Sponsorship - Bishop Kelly High School 400.21	
		

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.

OMB No 1545-0047
2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number 26 2449342

Salt	& Light Radio, Inc.		26		2449342
Pa	Organizations Maintaining Donor Advised Funds or Other Similar	Fund	s or	Accour	its. Complete i
	the organization answered "Yes" to Form 990, Part IV, line 6.				
	(a) Donor advised funds		(b) F	unds and o	other accounts
1	Total number at end of year				
2	Aggregate contributions to (during year)				<u>-</u>
3	Aggregate grants from (during year) .				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in writing that the assets funds are the organization's property, subject to the organization's exclusive legal co				
6	Did the organization inform all grantees, donors, and donor advisors in writing that gused only for charitable purposes and not for the benefit of the donor or donor advisors purpose conferring impermissible private benefit?	sor, or	for a	ny other	☐ Yes ☐
Pa	Conservation Easements. Complete if the organization answered "Yes"	to Fo	rm 9	90, Part	IV, line 7.
1	☐ Protection of natural habitat ☐ Preservation of open space	on of au ion of a	a cert	ified hist	nportant land area
2	Complete lines 2a through 2d if the organization held a qualified conservation contribute easement on the last day of the tax year.	ution in	the 1	orm of a	conservation
			<u> </u>	Held at	the End of the Tax Y
а	Total number of conservation easements		2a		
þ	Total acreage restricted by conservation easements		2t		
C	Number of conservation easements on a certified historic structure included in (a) .		2d		
d	Number of conservation easements included in (c) acquired after 8/17/06				
3	Number of conservation easements modified, transferred, released, extinguished, or the tax year ▶	termin	ated	by the o	rganization durin
4	Number of states where property subject to conservation easement is located ▶				
5	Does the organization have a written policy regarding the periodic monitoring, inspectional violations, and enforcement of the conservation easements it holds?	ction, h	andli	ng of	☐ Yes ☐ I
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conserva				•
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation € ▶\$	easeme	ents o	during the	e year
8	Does each conservation easement reported on line 2(d) above satisfy the requirement 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?			n 	Yes 🗌 I
9	In Part XIV, describe how the organization reports conservation easements in its revel balance sheet, and include, if applicable, the text of the footnote to the organization's the organization's accounting for conservation easements.	's finan	cial s	statemen	ts that describes
Par	Organizations Maintaining Collections of Art, Historical Treasures, or Complete if the organization answered "Yes" to Form 990, Part IV, line 8.		r Sin	nilar Ass	sets.
1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue art, historical treasures, or other similar assets held for public exhibition, education, or r provide, in Part XIV, the text of the footnote to its financial statements that describes	researc	h in f	urtherand	nce sheet works ce of public service
b	If the organization elected, as permitted under SFAS 116, to report in its revenue starhistorical treasures, or other similar assets held for public exhibition, education, or reprovide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1	search	ın fu	rtherance	e of public servi
	(i) Revenues included in Form 990, Part VIII, line 1				
	If the organization received or held works of art, historical treasures, or other similar following amounts required to be reported under SFAS 116 relating to these items:				
	Revenues included in Form 990, Part VIII, line 1			\$	

Dago	2
Page	-

Par	t III Organizations Maintaining	Collections of	of Art, Hi	istoric	al Treasure	es, or (Other Simila	r Assets (continued)	
3	Using the organization's acquisition, accollection items (check all that apply):	cession, and o	ther reco	rds, ch	eck any of t	he follo	wing that are	a significant use of its	
а	Public exhibition		d		oan or exc				
b	Scholarly research		e		Other				
С	Preservation for future generations	S							
4	Provide a description of the organization Part XIV.		and exp	laın hov	w they furth	er the o	organization's	exempt purpose in	
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?								
Pai	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.								
	la Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?								
b	If "Yes," explain the arrangement in Par	rt XIV and com	plete the	followi	ng table:	_		 -	
						<u> </u>		Amount	
С	Beginning balance								
d	Additions during the year								
е	Distributions during the year								
f	Ending balance					. [_1			
b	Did the organization include an amount If "Yes," explain the arrangement in Par	rt XIV.							
Par	t V Endowment Funds. Comp	lete if the org	anizatio	n answ	rered "Yes	" to Fo	rm 990, Par	t IV, line 10.	
	(=	a) Current year	(b) Pno	r year	(c) Two yea	rs back	(d) Three years I	oack (e) Four years back	
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships				<u> </u>				
е	Other expenditures for facilities and programs								
f g	Administrative expenses End of year balance								
2	Provide the estimated percentage of the	e year end bal	ance held	l as:					
а	Board designated or quasi-endowment								
b	Permanent endowment ▶								
C	Term endowment ▶ %								
3a	Are there endowment funds not in the poorganization by:	ssession of the	e organiza	ation tha	at are held a	ınd adn	ninistered for t	he Yes No	
	(i) unrelated organizations							3a(i)	
	CO I - I - I - I - I - I - I - I - I -							3a(ii)	
	If "Yes" to 3a(ii), are the related organization	ations listed as	required	on Scl	nedule R?			. 3b	
4	Describe in Part XIV the intended uses								
Par	t VI Investments—Land, Buildin	ngs, and Equ	ipment.	. See F	orm 990, F	Part X,	line 10.		
	Description of investment	(a) Cost or oth (investme			st or other s (other)		Accumulated epreciation	(d) Book value	
1a	Land				300,000			300,000	
	Buildings				100,000			100,000	
	Leasehold improvements								
d	Equipment				42,285			42,285	
	. Add lines 1a through 1e. (Column (d) must	t equal Form 99	0. Part X	column	(B) line 10(c	-))		442 285	

Part VII	Investments—Other Securities	. See Form 990, Part X,	line 12.	
(a) (Description of security or category (including name of security)	(b) Book value	(c) Method of value Cost or end-of-year ma	
Financial de	envatives			
Closely-held	d equity interests			
Other				
	•••	,		
	•••••	, , <u>-</u>		· · · · · · · · · · · · · · · · · · ·
				· · · · · · · · · · · · · · · · · · ·
Total. (Column ((b) must equal Form 990, Part X, col (B) line 12)			
Part VIII	Investments—Program Relate	d. See Form 990, Part X,	line 13.	<u> </u>
(a	a) Description of investment type	(b) Book value	(c) Method of value Cost or end-of-year ma	
				·
				· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·			
Total (Column ((b) must equal Form 990, Part X, col (B) line 13.)			. <u> </u>
Part IX	Other Assets. See Form 990, Par	rt X, line 15.		
		(a) Description		(b) Book value
				<u> </u>
				
		·		
Total. (Colur	mn (b) must equal Form 990, Part X, col. (B) line 15.)		· · · · · ·
Part X	Other Liabilities. See Form 990,			
1.	(a) Description of liability	(b) Amount		
Federal inco	ome taxes			
			-	
			_	
			-	
			-	
			┥	
			7	
			7	
Total (Column (b) must equal Form 990, Part X, col. (B) line 25)		┥	

wile D (Form 990) 2009 Reconciliation of Change in Net Assets from Form 990	to Audited Financial St	atement	Page 4
Total revenue (Form 990, Part VIII, column (A), line 12)		1	
Total expenses (Form 990, Part IX, column (A), line 25)		2	
Excess or (deficit) for the year. Subtract line 2 from line 1	[3	
Net unrealized gains (losses) on investments		4	
Donated services and use of facilities		5	
Investment expenses	[6	
Prior period adjustments		7	
Other (Describe in Part XIV.)		8	
Total adjustments (net). Add lines 4 through 8		9	
Excess or (deficit) for the year per audited financial statements. Combi		10	
XII Reconciliation of Revenue per Audited Financial Sta	tements With Revenue	per Re	turn
Total revenue, gains, and other support per audited financial statemen	ts	1	
Amounts included on line 1 but not on Form 990, Part VIII, line 12:		1	
Net unrealized gains on investments	2a]	
Donated services and use of facilities	2b		
Recoveries of prior year grants	2c] [
Other (Describe in Part XIV.)	2d	1 1	
Add lines 2a through 2d		2e	
Subtract line 2e from line 1		3	
Amounts included on Form 990, Part VIII, line 12, but not on line 1:	i i		
nvestment expenses not included on Form 990, Part VIII, line 7b .	4a	<u> </u>	
Other (Describe in Part XIV.)	4b		
Add lines 4a and 4b		4c	
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	<u>.</u>
XIII Reconciliation of Expenses per Audited Financial Sta	atements With Expens	es per F	leturn
Total expenses and losses per audited financial statements		1	
Amounts included on line 1 but not on Form 990, Part IX, line 25:			
Donated services and use of facilities	2a	1	
Prior year adjustments	2b]]	
Other losses	2c]	
O41- (D 1 1 D 1 201)	ואסו	1 1	

2e e Add lines 2a through 2d 3 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIV.) 4b Add lines 4a and 4b 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 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 4b. Also complete this part to provide any additional information.

Schedule D (Form 990) 2009

e Add lines 2a through 2d Subtract line 2e from line 1

c Other losses . . .

d Other (Describe in Part XIV.)

Donated services and use of facilities . . .

a Net unrealized gains on investments . . **b** Donated services and use of facilities . . . c Recoveries of prior year grants . . . d Other (Describe in Part XIV.)

Part XI

2 3

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Part XII

Part XIII

Schedule D (For	m 990) 200 9	Page 5
Part VIV	Supplemental Information (continued)	
rait AIV	oupplemental who made in the continued	
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SCHEDULE G (Form 990 or 990-EZ)

Employer identification number

OMB No 1545-0047 2009

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information Regarding
Fundraising or Gaming Activities

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

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

Salt & Light Radio, Inc.					26	2449342
Part I Fundraising Activition Form 990-EZ filers and					to Form 990, Pa	rt IV, line 17.
 Indicate whether the organization Mail solicitations Internet and email solicitation Phone solicitations In-person solicitations Did the organization have a writtor key employees listed in Form If "Yes," list the ten highest patto be compensated at least \$5 	ons ten or oral agree n 990, Part VII) o ud individuals o	ement with a prentity in or entities (fi	Solicitati Solicitati Special f any individiconnection	on of non-governr on of government fundraising events ual (including office with professional	nent grants grants ers, directors, trust fundraising servic	ees es? ☐ Yes ☑ No
(i) Name of individual or entity (fundraiser) (ii) Activity (iii) Did fundraiser have custody or control of contributions? (iv) Gross receipts from activity				(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization	
		Yes	No			
			}			
		<u> </u>				
			-			
						<u> </u>
						
						<u> </u>
Total		•			· · · · · · · · · · · · · · · · · · ·	
3 List all states in which the orga registration or licensing.				solicit funds or h	as been notified	it is exempt from
				· · · · · · · · · · · · · · · · · · ·		

Pari		Fundraising Events. Commore than \$15,000 on F	orm 990-EZ, line 6a. L	ist events with gross r	eceipts greater than \$	5,000.		
			(a) Event #1	(b) Event #2	(c) Other events	(add col	al events (a) throug	ħ
			(event type)	(event type)	(total number)		- (<i>C))</i>	
Revenue		0	27,891					
Se.	1 2	Gross receipts	21,031			 		
_ '	2	contributions						
:	3	Gross income (line 1						
\dashv		minus line 2)	27,891			 		
	4	Cash prizes				_		
	5	Noncash prizes						
nses	6	Rent/facility costs						
Direct Expenses	7	Food and beverages				ļ		
irec	8	Entertainment				 		
_ 1	9	Other direct expenses	7,643					
10	0	Direct expense summary. Ac	dd lines 4 through 9 in co	olumn (d)		(7,	,643
1		Net income summary. Comb	oine line 3, column (d), a	nd line 10				0,248
Part	t III	Gaming. Complete if than \$15,000 on Form	the organization ansv 1 990-EZ line 6a.	vered "Yes" to Form	990, Part IV, line 19	, or repor	ted mo	re
Φ		1.10.17 \$70,000 071 T 011.	(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Tota	l gamıng (add
Revenue				bingo/progressive bingo		col (a) t	hrough co	(c))
- Rè	1	Gross revenue				ļ		
Ses	2	Cash prizes						
ect Expenses	3	Noncash prizes						
Direct	4	Rent/facility costs				<u> </u>	<u>.</u> .	
	5	Other direct expenses .					.	
	6	Volunteer labor	Yes %	☐ Yes% ☐ No	Yes% No			
	7	Direct expense summary. Ac	dd lines 2 through 5 in c	olumn (d)		(
	8	Net gaming income summar	y. Combine line 1, colur	nn d, and line 7			. ,	
						_	Yes	No
		ter the state(s) in which the o the organization licensed to	-	_		1 .	a	ł
		'No," explain:	operate garning activitie	3 III Cach of these state	53:			
-		·						
		and the assessment and					0a	1
		ere any of the organization's 'Yes," explain:	gaming licenses revoke	a, suspended or termin	nated during the tax ye	ar?	Ua	\vdash
.	 			•••••				
								-
		es the organization operate				· · -	11	+
		the organization a grantor, b		a dust or a member of	a parmership or other		اوا	

r		_
ď	•	Pag
	•	Pag

Sche	dule G (Form 990 or 990-EZ) 2009			age C
	•		Yes	No
13	Indicate the percentage of gaming activity operated in:	1 1		
а	The organization's facility 13a %	↓		
b	An outside facility			
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ▶			
	Address ▶			
	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 amount of gaming revenue retained by the third party ▶ \$			
С	If "Yes," enter name and address of the third party:			
	Name ▶			
	Address ▶			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a		
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$			

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

▶ Attach to Form 990.

Name of the organization	Employer identification number	
Salt & Light Radio, Inc.	26	2449342
Part VI, Section B 12 a-c		
B. A. LEWIN B. C. CHARLES AND Market D. C. A. C. Brandwiller		
Prompt and full disclosure of their interest to the board prior to any board action.		
Part VI, Section C, 19		
These documents are available by request in accordance with FCC requirements, Contact Bill Teske,		
3401 Wagon Wheel Rd., Boise, ID83702		
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