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Form **990-EZ**

Department of the Treasury

Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

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

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

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

2009

OMB No 1545-1150

Open to Public Inspection

				lendar	year, or t	ax year l	eginning			, 2	2009, an	d endin	9			, 2	.0
В	Chec appli	k if cable			C Nam	e of orga	nization, n	umber and s	treet, c	ity, town, s	state, an	d ZIP co	de	D Emp	loyer	identificat	ion number
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П	Name	e cha	nge	label or print or										35-3	199	7541	
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	4	9					4, 5c, 6c, 7		<u>···</u>	·· <u> </u>	::	· · · · ·	<u> </u>		9		1,910.
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		11	Benef	its paid t	o or for n	nembers					-		•	. 1	11		
3	2	12	Saları	es, other	r compen	sation, a	nd employe	ee benefits			••			. 1	12		
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	ļ	16	Other	expense	s (descr	be ▶SE	E STM	T)	1	16		147.
		17_	Total	expense	s. Add III	nes 10 th	rough 16		<u></u>	· · · _	<u></u>			▶ 1	7		7,466.
		18	Exces	s or (det	icit) for th	ne year (S	Subtract lin	e 17 from lin	ıe 9)					1	8	(5	5,556.)
- 4	MAI ASSAIS	19	Net as	sets or t	fund bala	nces at b	eginning o	f year (from	line 27	, column (A	4)) (mus	st agree	with				
<	2		end-of	-year fig	ure repo	rted on p	nor year's i	return)						1	9	372	2,738.
3	Ĭ	20	Other	changes	in net a	ssets or f	und baland	æs (attach e	xplanat	tion)				. 2	20		
	- 1	21	Net as	sets or	fund bala	nces at e	nd of year	Combine lii	nes 18	through 20	<u>.</u> .			▶ 2	1	367	7,182.
P	art	11	Balai	nce Sh	eets.	If Total	assets on l	ine 25, colui	mn (B)	are \$1,250	0,000 or	more, fi	e Form 990	ınstead	of F	orm 990-EZ	-
					(See	the instr	uctions for	Part II)				(A)	Beginning o	f year		(B) End o	f year
22	Са	sh, s	savings,	and inv	estments	3 .							37,73	8.	22	32	2,182.
23	Lar	nd a	nd build	lings											23		
24	Oth	ner a	ssets (describe	▶Inv	vestn	ent i	n PBS					335,00		24	335	5,000.
			ssets			•							372,73	8.	25	367	7,182.
26	Tot	al li	abilities	s (descri	be 🕨) [26		
						ne 27 of	column (B)	must agree	with lin	ie 21)			372,73	8.	27	367	7,182.
								see the se			ns.						-EZ (2009)

US990EZ1

Rev 1

For	m 990-EZ(2009) Christian Radio Frie	ends, Inc.		_ 35	-199	97541	Page 2
	art III Statement of Program Service Accomp		the instructions for Pai		(Pog	Expen	
Wh	nat is the organization's primary exempt purpose? Pron	ote Christia	n Radio Pro	ogrm	j 501(d	uired for sec c)(3) and 50	1(c)(4)
	scribe what was achieved in carrying out the organization's				orgai	nizations and (a)(1) trusts	section
des	scribe the services provided, the number of persons benefite	ed, and other relevant info	rmation for each prog	ram title.		hers)	, optional
28	The organization purchases ai	r time on lo	cally owned	k			
	radio stations to broadcast r	nationally sy	ndicated		1 1		
	Christian radio programs] j		
		s foreign grants, check he	ere	.•	28a	7	,466.
29			· · · · · · · · · · · · · · · · · · ·		1		
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~~	(Grants \$) If this amount includes	s foreign grants, check he	<u> </u>	-لــــــــــــــــــــــــــــــــــــ	254		
30					1 1		
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		s foreign grants, check he	ere	<u>.▶ </u>	30a		
31	Other program services (attach schedule)				}		
	(Grants \$) If this amount includes	s foreign grants, check he	ere	<u> </u>	31a		
32	Total program service expenses (add lines 28a through 3	1a) <u></u> <u></u>	<u> </u>	<u></u> ▶	32	7	,466.
Pa	art IV List of Officers, Directors, Trustees, an	d Key Employees.	List each one even if n	ot compensa	ated (See	instructions for l	Part IV)_
_		(b) Title & average	(c) Compensation		ntributions		Expense
	(a) Name and address	`hours per week` devoted to position	(if not paid, enter -0)	employee & defe	benefit pla rred comp		count and allowance
Jo	ohn Ellis	Chairman					
57	7685 CR 9 Elkhart IN 46517	<1	0				
	avid Miller	Secretary		<u> </u>			·
$\frac{2}{2}$		√ 1	0				
	ent Adams	Board Memb		 			
	102 Wooste Winona Lake IN 46590	< 1 < 1	0				
	ennis Engbrecht	Board Memb	<u> </u>	┧			
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	oug Moore	Board Memb					
	Box 307 Elkhart IN 46515	< 1	0	ļ			
	Robert Savage	Board Memb					
66	6258 Hart Goshen IN 46526	(1	0	<u> </u>			
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Par	Other Information (Note the statement requirements in the instructions for Part V)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed	ļ		
	description of each activity	33		Χ_
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of			
	the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but	=	[/\	;¥.
	not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		'"、""	[,]
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice,			
	reporting, and proxy tax requirements?	35a		Х
	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N	1
36	Did the organization undergo a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes,"			<u> </u>
	complete applicable parts of Schedule N	36	ľ	Х
	Enter amount of political expenditures, direct or indirect, as described in the instructions	احتتا	اا ر]
	Did the organization file Form1120-POL for this year?	37b	N	A
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employeer were	, , , , ,		<u> </u>
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		X
	If "Yes," complete Schedule L, Part II and enter the total amount involved 38 b NA	, , ,		7. 3
	Section 501(c)(7) organizations Enter		4	:- ₋ :
	Initiation fees and capital contributions included on line 9	g ,,		9.00
	Gross receipts, included on line 9, for public use of club facilities	7 3 3	5 E 17	7
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under		爱是	
	section 4911 ► None , section 4912 ► None , section 4955 ► Nine			
	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit	أستند	اًات	لفشي
	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified			
	person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms	i		
	990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		Х
	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization	400	<u>, (d)</u>	· }
	managers or disqualified persons during the year under sections 4912, 4955, and 4958			
	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c	ا الحد ر	* **	
	reimbursed by the organization	1	15. 15	1
	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		, ,	. ; ; ;
	If "Yes," complete Form 8886-T	40e	 -	X
	List the states with which a copy of this return is filed IN	700		
	The organization's books are in care of ▶ Sally Coons Telephone no ▶ 574-	-26	2 – ñ'	757
	Located at ▶ 25642 Freda Dr Apt C IN Elkhart ZIP+4 ▶ 4651		<u> </u>	, , ,
	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	٢	Vas	No
	F	42b		X
	If "Yes," enter the name of the foreign country: ► \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			- -
	See the instructions for exceptions and filing requirements foForm TD F 90-22.1, Report of Foreign Bank	,		* * :
	and Financial Accounts.		, ; }	[
	i ^o	42c	ا قسس	X
	,	420		
	If "Yes." enter the name of the foreign country: ► N\\ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu oForm 1041 - Check here	IVA		. 🗆
		1.4.	. •	
	and enter the amount of tax-exempt interest received or accrued during the tax year	<u>n</u>		
		٢	Yes	No
ı.a	Did the organization maintain any denor advised funds? If "Yes." Form 000 must be completed restord of	<u></u> إ	105	140
	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	44		J
	Form 990-EZ	44		^
	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes,"	45		X
	Form 990 must be completed instead of Form 990-EZ	45	7 (2	
	Form 9	3U-E	Z (2	70A)

Part VI	(4000)	dio Friends,	inc.	33-19	97541 Page 4
	Section 501(c)(3) organiza 501(c)(3) organizations and section				
46 Did th	for lines 50 and 51	due of a sisteral second	studios en habali el es	In apparation to	
	e organization engage in direct or in		ctivities on benait of or	in opposition to	Yes No X
	dates for public office? If "Yes," comp		Cabadula C Dadil		
	e organization engage in lobbying a	•			
	organization a school as described in				
	e organization make any transfers to	•	e related organization?		
	s," was the related organization a sec	•			49b NA
	plete this table for the organization's treceived more than \$100,000 of com				and key employees) who
		(b) Title and average	(c) Compensation	(d) Contributions to	(e) Expense
(a) Nan	ne and address of each employee	hours per week	(-)	employee benefit plans &	account and
(4) (14)	paid more than \$100,000	devoted to position		deferred compensation	other allowances
NONE	paid more train \$100,000	devoted to position		deterred compensation	other anowarices
		-			
		_			
	·			<u> </u>	<u> </u>
					n \$100,000 of
(a) Nar	sation from the organization of there me and address of each independen	is none, enter "None " t contractor paid more tha	n \$100,000	(b) Type of service	(c) Compensation
(a) Nar			n \$100,000	(b) Type of service	
(a) Nar			n \$100,000	(b) Type of service	
(a) Nar			n \$100,000	(b) Type of service	
			n \$100,000	(b) Type of service	
(a) Nar		t contractor paid more tha		(b) Type of service	
(a) Nar NONE d Total	number of other independent contract Under penalties of penjury, I declare that I have and betief, it is true, correct, and complete the	t contractor paid more that	S100,000	terments, and to the best of my knowled of which preparer has any knowledge	(c) Compensation
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d Total a	number of other independent contract Under penalties of perjury, I declare that I have and belief, it is true, correct, and complete the Signature of officer	ctors each receiving over seexampled this return, including acceptant of preparer (other than off	companying schedules and staticer) is based on all information	tements, and to the best of my knowle of which preparer has any knowledge 05/12/20 Date Ck if self Preparer's id	(c) Compensation
(a) Nar	number of other independent contract Under penalties of penjury, I declare that I have and belief, it is true, correct, and complete the signature of penjury and belief. Type or print name and title Preparer signature. Bruce A Besselections.	ctors each receiving over seexampled this return, including acceptant of preparer (other than off	companying schedules and staticer) is based on all information. LAIR MA Date Che 5/12/2010 emp	lements, and to the best of my knowle of which preparer has any knowledge 05/12/20 Date Date	(c) Compensation
d Total a	number of other independent contract Under penalties of penjury, I declare that I have and belief, it is true, correct, and complete the signature of officer Type or print name and title Preparer's signature Bruce A Bey Firm's name (or yours Burnh	ctors each receiving over seamfled this return, including action of preparer (orbit than off	companying schedules and staticer) is based on all information. LAIR MA Date Che 5/12/2010 emp	lements, and to the best of my knowle of which preparer has any knowledge 05/12/20 Date Date	(c) Compensation
d Total a Sign Here	unmber of other independent contractions and belief, it is true, correct, and complete the signature of or print name and title Preparer Signature Bruce A Bey Firm's name (or yours if self-employed),	ctors each receiving over seach receiving over seach for preparer (what than off characters of the control of t	companying schedules and staticer) is based on all information. LAIR MA Date Che 5/12/2010 emp	tements, and to the best of my knowle of which preparer has any knowledge 05/12/20 Date Ck if self- Preparer's id P0 EIN ►35	(c) Compensation dege 10 lentifying no (See instr.) 0490801 -1693596
(a) Nar NONE d Total of Sign Here	number of other independent contract Under penalties of penjury, I declare that I have and belief, it is true, correct, and complete the signature of officer Type or print name and title Preparer's signature Bruce A Bey Firm's name (or yours Burnh	ctors each receiving over start in 46514-	companying schedules and staticer) is based on all information. A IR MA Date Che 5/12/2010 emp	tements, and to the best of my knowle of which preparer has any knowledge 05/12/20 Date Ck if self- Preparer's id P0 EIN ►35	(c) Compensation

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. OMB No 1545-0047

2009

Open to Public Inspection

IVA		ristian Rad	lio Friends	Inc						7541			
	'art		Public Charity		must co	mniete t	hie part \						
				se it is: (For lines 1 through 11,				OCC IIIS	udcuons	<u>-</u>			
1	\Box			ciation of churches described in									
2	Н	•	•	(ii). (Attach Schedule E)	5 5 CUO11	1,0(0)(1	ハヘハッ・						
3	Н				on 470/	h\/4\/A\/	in						
	Н	•		e organization described i rsecti	-		•	/4 \/ A \/ !!!	\ Entor	tha baan	italia nai	~ ^	
4	Ц		ganization operated	in conjunction with a hospital d	escribed	ISECUO	n 170(D)(ПДАДШ) Enter	ine nosp	ilai S IIai	ne,	
	П	city, and state	tod for the bounest of							b od	4:		
5	Ш			a college or university owned of	or opera	ed by a	governm	entai un	iit descri	Dea sec	uon		
	П	170(b)(1)(A)(iv). (Com			4. 456	VI 14414							
6	Н		-	vernmental unit described insec									
7	Ц	-		ubstantial part of its support from	n a gove	ernment	al unit or	from the	e genera	i public			
_	\Box	described in section 1											
8	H			O(b)(1)(A)(vi) (Complete Part II		- 4.1							
9	X			more than 33 1/3 % of its supp							SS		
		•	•	t functions - subject to certain e	-								
		•		unrelated business taxable inc	•			x) from I	ousiness	ses			
	\Box			, 1975 Seesection 509(a)(2) (0	-		-						
10	Н	•	•	clusively to test for public safe	•								
11	Ш	•	-	xclusively for the benefit of, to p					-				
				d organizations described in se						ction			
				type of supporting organizatio					1		_		
	П	a ∐ Type!	b Type II	c ∐ Type III - Fu				d [_	,	III - Othe	r		
е	Ш	•	•	nization is not controlled directly					-				
				nd other than one or more pub	iciy sup	ропеа о	rganizatio	ons des	cribed in	section			
_		509(a)(1) or section 50			- .		- .						
f				mination from the IRS that it is a	ı iype i,	Type II	or Type I	II suppo	rting				Г
		organization, check th				٠.				•	•	•	L
g			=	on accepted any gift or contribu					sons?				
				rols, either alone or together w	th perso	ns desc	uped in (II)				Yes	No
				he supported organization?		• • • •		•		• ••	11g(i)	 -	
		(ii) A family member of			••	•		•	• •	•	11g(ii)	 	
		• •	•	scribed in (i) or (ii) above? .	•	• • •		• •	••	•	11g(iii)	L	L
<u>h</u>		Provide the following i	T	supported organization(s)									
	(i) l	Name of supported	(ii) EIN	(iii) Type of organization	(iv) is ti	he organ-	(v) D	d you	(vi) l	s the	(vii)	Amoun	t of
		organization		(described on lines 1-9	ızatıon	in col	notify	the	organiz	zation in	St	upport	
				above or IRC-section	(i) fisted	in your	organiza	tion in	col				
			1	(see instructions))	gove	-	∞(i) c		1	nızed			
					docum	nent?	suppo	ort?		US?			
					Yes	No	Yes	No	Yes	No			
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For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2009

Sched	dule A (Form 990 or 990-EZ) 2009 Chris	tian Rad	lio Frien	ds, Inc.	3	5-199754	1.	Page 2
Pai						170(b)(1)(A)(v	i) (110	
	(Complete only if you checked the bo	ox on line 5, 7, or	8 of Part I)				"NIA	ı
Sect	ion A. Public Support							
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) To	otal
1	Gifts, grants, contributions, and			,	}]		
	membership fees received (Do not							
	include any "unusual grants") .							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on					i		
	its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to the							
	organization without charge			<u> </u>				
4	Total. Add lines 1 through 3		<u> </u>					
5	The portion of total contributions by each					的多数		
	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) .				建			
6	Public support. Subtract line 5 from line 4	表列等的		\$4.76°				
Se	ction B. Total Support		, 		,	· · · · · · · · · · · · · · · · · · ·		
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) To	otal
7	Amounts from line 4 .		ļ		ļ			
8	Gross income from interest, dividends,	1		}		1		
	payments received on securities loans,							
	rents, royalties and income from similar		İ					
	sources			ļ		<u> </u>		
9	Net income from unrelated business	ł			}	1		
	activities, whether or not the business is							
	regularly carried on			ļ	 _			
10	Other income Do not include gain or							
	loss from the sale of capital assets							
	(Explain in Part IV.)			5 4 5 5 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
11	Total support. Add lines 7 through 10		公银铁铁路路	学以第一种发现	學是的社會			
12	Gross receipts from related activities, etc. (s			•		12		
13	First five years. If the Form 990 is for the or	ganızatıon's first,	second, third, fo	ourth, or fifth tax	year as a section	501(c)(3)		
	organization, check this box andstop here			<u> </u>	<u>· · · · · · · · · · · · · · · · · · · </u>	_ .	<u> </u>	<u> </u>
Se	ction C. Computation of Public Sup							00
14	Public support percentage for 2009 (line 6, c			mn (f))	• •	14		00 %
15	Public support percentage from 2008 Sched					15		00 %
16a	33 1/3% support test - 2009. If the organizat				s 33 1/3% or mo	re, check this box		
	and stop here The organization qualifies as				. 45 - 00 4001			* L
b	33 1/3% support test - 2008. If the organizat				e 15 is 33 1/3% d	or more, check this	DOX	
	and stop here. The organization qualifies as							
17a	10% facts-and-circumstances test - 2009.	•						
	is 10% or more, and if the organization meet							
	in Part IV how the organization meets the "fa	acts-and-circums	tances" test. The	e organization qu	alities as a publi	cly supported		
	organization							
b	10% facts-and-circumstances test - 2008.	=						
	15 is 10% or more, and if the organization m							
	Explain in Part IV how the organization mee	ts the "facts-and-	circumstances*	test. The organiz	ation qualifies as	s a publicly		, г
	supported organization			:				▶ _
18	Private foundation. If the organization did n	ot check a box in	line 13, 16a, 16	b, 17a, or 17b, c	neck this box an	a see		⊾ 167
	instructions	·	_ `					> X
					Schedi	ule A (Form 990 o	r 990-EZ	1) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you checked the b	oox on line 9 of F	Part I)				
Sec	tion A. Public Support						
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	i					
	include any "unusual grants.")	4627.	7027.	9257.	8725.	1878.	31514.
2	Gross receipts from admissions, merchan-	· !					
	dise sold or services performed, or facilities					1	
	furnished in any activity that is related to	i					
	the organization's tax-exempt purpose .						
3	Gross receipts from activities that are not an unrelated trade or business						
	under section 513						
4	Tax revenues levied for the organization's]]]
	benefit and either paid to or expended on						
	its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	4627.	7027.	9257.	8725.	1878.	31514.
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .				·		<u> </u>
b	Amounts included on lines 2 and 3	ļ	j	J]	
	received from other than disqualified persons that exceed the greater of						
	\$5,000 or 1% of the amount on line		ļ	j			
	13 for the year						
C	Add lines 7a and 7b						
8_	Public support (Subtract line 7c from line 6)	E BUILDER TELL	"话是,是温馨	Sa Buckey . Se	Barren on the	Buckey Livery	31514.
<u>Sec</u>	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in) 🕨 📗	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	4627.	7027.	9257.	8725.	1878.	31514.
10a	Gross income from interest, dividends,						
	payments received on securities loans,		ĺ	ĺ		[
	rents, royalties and income from similar	j	j	j		j j	
	sources	67.	84.	129.	62.	32.	374.
b	Unrelated business taxable income (less		ļ	l		!	
	section 511 taxes) from businesses						
	acquired after June 30,1975						
C	Add lines 10a and 10b	67.	84.	129.	62.	32.	374.
11	Net income from unrelated business	1				1	
	activities not included in line 10b, whether						
	or not the business is regularly carried on						<u> </u>
12	Other income Do not include gain or						
	loss from the sale of capital assets					i i	
	(Explain in Part IV)]			
13	Total support. (Add lines 9, 10c, 11, & 12)	4694.	7111.	9386.	8787.	1910.	31888.
14	First five years. If the Form 990 is for the orga	nization's first, s	econd, third, four	th, or fifth tax ye	ar as a section :	501(c)(3)	-
	organization, check this box and stop here	· <u>· ·</u>	<u> </u>		<u></u> <u>-</u> -	<u></u>	▶
Sec	tion C. Computation of Public Suppo	ort Percentag	e	·			
15	Public support percentage for 2009 (line 8, col	umn (f) divided b	y line 13, colum	n (f))		15	98.83 %
_16	Public support percentage from 2008 Schedule	e A, Part III, line	15	<u> </u>	<u> </u>	16	99.22 %
Sec	tion D. Computation of Investment Ir	ncome Perce	ntage				
17	Investment income percentage for 2009 (line 10	Oc, column (f) dıv	rided by line 13,	column (f))		17	1.17 %
18	Investment income percentage from 2008 Sche					18	0.78 %
19a	33 1/3 % support tests - 2009. If the organization	ion did not check	the box on line	14, and line 15 is	s more than 33 1	/3 %, and line 17	'is _
	not more than 33 1/3 %, check this box andsto	p here The orga	anızatıon qualifie	s as a publicly si	upported organiz	zation .	▶ 🛚
b	33 1/3 % support tests - 2008. If the organization	ion did not check	a box on line 14	or line 19a, and	l line 16 is more	than 33 1/3 %, a	nd line 18
	is not more than 33 1/3 %, check this box ands	top here The or	rganization quali	fies as a publicly	supported orga	nization .	. ▶

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

Schedule A (Forr	n 990 or 990-EZ) 2009	Christ	ian Ra	adio	Friends,	Inc.	35-19	97541	Page 4
Part IV	n 990 or 990-EZ) 2009 Supplemental Info Part II, line 17a or 17b;	rmation.	Complete ti	his part to	provide the exp	planation requir	ed by Part II, line 10	MIA	
<u> </u>	Part II, line 17a or 17b;	or Part III, line	e 12 Provid	le any oth	er additional info	ormation (see	instructions)	JYJ FI	
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Description ffice Supplies ermits ank Charges nterest Expense	Expenses Expenses per books 39. 8. 54. 46. 147.	Net investment income	Adjusted net income	Charitable purposes
ffice Supplies ermits ank Charges	39. 8. 54. 46.		income	purposes
ermits ank Charges	8. 54. 46.			
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nterest Expense	46.			
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