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Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

OMB No. 1545 0047 2009

Open to Public Inspection

(except black lung benefit trust or private foundation) Department of the Treasury Internal Revenue Service ► The organization may have to use a copy of this return to satisfy state reporting requirements For the 2009 calendar year, or tax year beginning 2009, and ending D Employer Identification Number C Name of proanization Check if applicable Piease us IRS label 41-1412836 Minn-Iowa Christian Broadcasting, Inc. Address channe or print or type See Number and street (or P.O. box if mail is not delivered to street addr) Room/suite E Telephone number Name change County Rd 6 (507)526-3233 specific Instruc-tions PO Box 72 Initial return State ZIP code + 4 City town or country Termination MN 56013 **G** Gross receipts \$ 1,460,923 Blue Earth Amended return H(a) Is this a group return for affiliates? F Name and address of principal officer Yes No Application pending H(b) Are all affiliates included? Yes MN 56013 Matthew Dorfne: PO Box Blue Earth If 'No,' attach a list (see instructions) 4947(a)(1) or Tax-exempt status X 501(c) (3) ◄ (insert no) Website: ► www.kjly.com H(c) Group exemption number L Year of Formation 1983 Form of organization | X | Corporation | Trust Other P M State of legal domicile MN Association Part I Summarv 1 Briefly describe the organization's mission or most significant activities To represent and present the dynamic gospe of Jesus Christ through christian broadcasting and community outreach Activities & Governance across southern Minnesota and northern Iowa Check this box ► I if the organization discontinued its operations or disposed of more than 25% of its assets Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 6 Total number of employees (Part V, line 2a) 5 718 6 Total number of volunteers (estimate if necessary) 7a Total gross unrelated business revenue from Part VIII, Icolumn (C), ine 12 7 a 0. 2 ₪ 10 b_Net_unrelated business taxable income from Form 990-T, line 34 7 b Prior Year Current Year 914,743 1,012,467. 8 Contributions and grants (Part VIII, line 1h) Revenue 372,746. 371,049 9 Program service revenue (Part VIII, line 2g) 53**, 9**85. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 21,816. 21,725. 20,400 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue — par முத்திரின்ற 11 (must equal Part VIII, column (A), line 12) 328,008. 460,923. 12 EXPERSEANNED Grants and similar amounts paid (Part X column (A), lines 1-3)

Benefits paid to or for members (Part IX column (A), line 4)

Salaries, wher compensation, employee penefits (Part IX, column (A), lines 5-10) 14 616,894 635,502 15 16a Professional fundraising fees (Part IX, 1864mn (A), line 11e) b Total fundraising Gen E Nartuk, Column (D), line 25) ▶ 0. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 496,041 575,697. 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 1,112,935 211, 199. Revenue less expenses Subtract line 18 from line 12 215,073 249,724. 88 Beginning of Year End of Year 2,667,773 2,861,045 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 67,443. 33,781. 22 Net assets or fund balances Subtract line 21 from line 20 2,600,330. 2,827,264. Part II Signature Block Under penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign X Here Date Preparer's identifying number (see instructions) Check if self employed Paid Preparer's signature PU0479511 Pre-08/06/10 parer's Firm's name (or yours if self employed), Ltd Use - 41-1737358 430 S Broad St Ste 100 PO BOX 546 Only address, and Mankato MN 56002 Phone no (507)387-1338

May the IRS discuss this return with the preparer shown above? (see instructions)

Form 990 (2009) Minn-Iowa Christian Broadcasting, Inc.	41-3	1412836	Page 2
Part III Statement of Program Service Accomplishments			
1 Briefly describe the organization's mission			
To represent and present the dynamic gospel			
of Jesus Christ through christian broadcasting and community	<u>outreach</u>		
across southern Minnesota and northern Iowa			
2 Did the organization undertake any significant program services during the year which were not listed	on the prior		
Form 990 or 990-EZ?	•	Yes	X No
If 'Yes,' describe these new services on Schedule O			
	convect?	□ Vos	X No
3 Did the organization cease conducting, or make significant changes in how it conducts, any program	Services,	Yes	X No
If 'Yes,' describe these changes on Schedule O			
4 Describe the exempt purpose achievements for each of the organization's three largest program serve and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants	ces by expense	to others the	(c)(3) lotal
expenses, and revenue, if any, for each program service reported	and anocations	to others, the	iotai
4a (Code) (Expenses \$ 1,211,199. including grants of \$.) (Revenue	\$ 1,460	0,923.)
To represent and present the dynamic gospel of Jesus Christ t	hrough		
christian broadcasting and community outreach across southern	1		
Minnesota and northern Iowa			
		. 	
4b (Code) (Expenses \$ including grants of \$	_) (Revenue	۶)
		. 	
		. _	
			
			
	· · · · · · · · · · · · · · · · · · ·		
4c (Code) (Expenses \$ including grants of \$) (Revenue	\$)
	_,		
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
	<del>_</del>		<del>-</del> -
4d Other program services (Describe in Schedule O )	<del></del>		<del>- ·</del>
	¢		
(Expenses \$ including grants of \$ ) (Revenue	<u>ې</u>	)	
4e Total program service expenses ► 1, 211, 199.			

Pa	rt IV Checklist of Required Schedules		1	1
			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	x	
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? If 'Yes,' complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes.' complete Schedule C, Part II	4		X
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		
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
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			
•	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			
	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	Х	
12 /	Was the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D. Parts XI, XII, and XIII is optional Y			
13	Is the organization a school described in section $170(b)(1)(A)(ii)^2$ If 'Yes,' complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		Х
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		X
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		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		X

Form 990 (2009) Minn-Iowa Christian Broadcasting, Inc. 41-1412836 Page 4
Part 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 19 If 'Yes,' complete Schedule I, Parts I and II	21		Х
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		х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		х
24	a 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, and 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		Х
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c 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		
	d Did the organization act as an 'on behalf of' issuei for bonds outstanding at any time during the year?	24d		
25	a 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
I	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		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		X
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV			
ā	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
Ł	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28ь		Х
	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes.' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
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		Х
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		Х
86	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		<u>X</u> _
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		<u>X</u>
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 197 Note. All Form 990 filers are required to complete Schedule O	38		<u>X</u>
		_ /		2000

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Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. 1a 12 Information Returns Enter -0- if not applicable 1b 0 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 1 c Х (gambling) winnings to prize winners? 2 a 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 2b X 2b 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) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by 3 a this return 3 b b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 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 Х **b** If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5 a 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Х 5hХ b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited 5с Tax Shelter Transaction? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6a Χ b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? 6ь Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services 7 a Χ provided to the payor? 7 b b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7 c Form 82827 7 d 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 7 e X benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 f Х 7<u>g</u> g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7h h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. 9a a Did the organization make any taxable distributions under section 4966? 9ь b Did the organization make any distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter 10a a 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 11 Section 501(c)(12) organizations. Enter 11a a Gross income from other members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against 11b amounts due or received from them ) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12b b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year

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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	ction A.	Governing Body and Man	agement						
								Yes	No
1	a Enter the	number of voting members of the	governing body		į	1a 6			
	<b>b</b> Enter the	number of voting members that a	re independent		[	<b>1b</b> 6			
2		fficer, director, trustee, or key empector, trustee or key employee?	ployee have a family re	elationship or a busin	iess rela	ationship with any other	2		Х
3	Did the o	ganization delegate control over r	nanagement duties cus	stomarily performed b	oy or un	der the direct supervision	3		Х
4		ganization make any significant c	,		person		4		X
•		prior Form 990 was filed?	nanges to its organizat	ional accuments			<u> </u>		
5		ganization become aware during t	he year of a material of	liversion of the organ	uzation's	s assets?	5		X
6		organization have members or sto	•	inversion of the organ	ii.ZGtiOii t	3 433013	6		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the									
ł	governing Are any c	body? ecisions of the governing body sub	oject to approval by me	embers, stockholders,	, or othe	er persons?	7 a 7 b		X
8	Did the oil	ganization contemporaneously doo	cument the meetings h	eld or written actions	underta	aken during the year by		<u> </u>	
ā	The gove	5					8a	Х	
		mittee with authority to act on beh	alf of the governing bo	dv?			8b		
	Is there a	y officer, director or trustee, or ke	ev employee listed in P	art VII, Section A, wh	no canno	ot be reached at the	9		
500	tion B.	on's mailing address? If 'Yes,' pro				equired by the Intern			
		rollcles (THIS Section B	requests informati	on about poncies	SHOLL	equired by the intern	aı		
Reve	enue Code							V	Al -
10-	D #			<del></del>		<del></del>	10-	Yes	No
		rganization have local chapters, b	•				10a		Χ
b	If 'Yes,' do and branc	es the organization have written p nes to ensure their operations are	olicies and procedures consistent with those	s governing the activit of the organization?	ties of s	uch chapters, affiliates,	10Ь		
11	Has the or	ganization provided a copy of this	Form 990 to all memb	ers of its governing b	ody bef	ore filing the form?	11	Х	
11 A	Describe i	Schedule O the process, if any,	used by the organization	on to review this Form	n 990				
12 a	Does the	rganization have a written conflict	of interest policy? If 'I	Noʻgo to line 13			12a	Х	
b	Are officer to conflicts	s, directors or trustees, and key er?	mployees required to d	isclose annually inter	rests tha	at could give rise	12b	х	
c	Does the o	rganization regularly and consiste ) how this is done	ntly monitor and enfor	ce compliance with th	ne policy	y? If 'Yes,' describe in	12c		Х
13	Does the d	rganization have a written whistle	blower policy?				13	X	
14	Does the d	rganization have a written docume	ent retention and destr	uction policy?			14	Х	
15	Did the propersions of	cess for determining compensation comparability data, and contempora	on of the following pers	ons include a review	and app	oroval by independent			
	•	zation's CEO, Executive Director,			- acc.c.	511	15a		Χ
	_	ers of key employees of the organ	· -				15b		<u>X</u>
		ne 15a or 15b, describe the proce		e instructions )			1.00		<u> </u>
		,	•	ŕ					
	entity durif	anization invest in, contribute assi g the year?		·		·	16a		<u>X</u>
	in joint ver	the organization adopted a writte ture arrangements under applicab respect to such arrangements?	en policy or procedure le federal tax law, and	requiring the organiza taken steps to safegi	ation to uard the	evaluate its participation e organization's exempt	16ь		
		Disclosures	<del></del>	<del> </del>			,		
		es with which a copy of this Form	990 is required to be	filed ► Minneso	t.a				
18	Section 61	4 requires an organization to making the service of	ke its Forms 1023 (or 1	024 if applicable), 99	:	990-T (501(c)(3)s only) av	aılable 1	or pub	 olic
	X Own w	· —		on request					
19	— Describe ir	Schedule O whether (and if so, he available to the public		•	ocumen	ts, conflict of interest polic	y, and f	inancia	al
		ame, physical address, and teleph	one number of the per	son who possesses t	he book	s and records of the organ	nization		
				•		507(0		2 <u>6-</u> 3	<u>233</u>

## 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 organizations'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

(A)	(B)	(c)						(D)	(E)	(F)
Name and Title	Average hours			(chec	k all	that app	oly)	Reportable compensation from	Reportable	Estimated amount of other
	per week	of director	instituti inal toistee	Offi 2	Key range	Highest connectabled employee	F(お、のぞ)	compensation from the organization (W 2/1099-MISC)	compensation from related organizations (W 2/1099-MISC)	amount of other compensation from the organization and related organizations
Matthew Dorfner	_									
Executive Director	45.00		_		_X_			78,226.	0.	0
Eugene Stallkamp		l								
President	3.00	X	<u> </u>	X				0.	0.	0.
Maurice Schwen	.						İ			
Vice President	2.00	Χ	<u> </u>	Χ				0.	0.	0.
David Siegrist										
Secretary	2.00	Х		Χ				0.	0.	0.
Dr_Tom_Wetzell										
Treasurer	2.00	X		Χ				0.	0.	0.
Dr_Eric_Evans										
Director	2.00	Χ						0.	0.	0.
							Ţ			

Part VII   Section A. Officers, Directors, Trus	stees, l	<b>\</b> ey	En	npl	оує	es	, an	nd Highest Con	npensated Em	oloye	es (co	ont.)
(A)	(B)				c)			(D)	<b>(</b> E)		(F)	
Name and Title	Average hours per week		_					compensation from the organization	Reportable compensation from related organizations		Estimate nount of o	other
	per weel	direct	institutional trustee	Officer	y enip	employee	Former	(W 2/1099 MISC)	(W 2/1099-MISC)		from the organizati and relat	е юл
		or trust	nal tru		eniployee	ompe					rganizatio	
		tee	slee			ensate						
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1 b Total						1	<b>&gt;</b>	78,226.	0.			0
2 Total number of individuals (including but not limited	to those	liste	d a	bove	e) w	ho r	ecei		•	e comp	ensatı	
from the organization												
											Yes	No
3 Did the organization list any former officer, director of on line 1a? If 'Yes,' complete Schedule J for such ind	ı trustee <i>lıvıdual</i>	, key	en en	nplo	yee,	, 01	high	est compensated e	employee	3		X
4 For any individual listed on line 1a, is the sum of repo	ortable c	omp	ens	atior	n an	d ot	hei	compensation from	n			
the organization and related organizations greater tha individual	n \$150,0	0007	17	res	COI	mpie	eie S	scneaule J for suci	1	4		Х
5 Did any person listed on line 1a receive or accrue cor	npensati	on f	rom	any	un	rela	ted o	organization for se	rvices			
rendered to the organization? If 'Yes,' complete Sche section B. Independent Contractors	dule J fo	r suc	ch p	erso	on			<del> </del>		5	1	X
1 Complete this table for your five highest compensated	Indepe	nden	t co	ntra	ctor	s th	at re	eceived more than	\$100,000 of			
compensation from the organization												
(A) Name and business address								(B) Description of	Services	<b>)</b> Compe	<b>C)</b> ensatioi	n
										<del></del> -	<del></del>	
							+	<del></del>				
							Ţ					
2 Total number of independent contractors (including bu \$100,000 in compensation from the organization	it not lim	uted	to t	nose	e lis	ted .	abov	ve) who received n	nore than			

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta: under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns     1a       b Membership dues     1b       c Fundraising events     1c       d Related organizations     1d       e Government grants (contributions)     1e				
CONTRIBUTION AND OTHER	f All other contributions, gifts, grants, and similar amounts not included above 1f 1,012,467.  g Noncash contribus included in his la lf \$ h Total. Add lines 1a-1f	1,012,467.			
	Business Code	1,012,407.			
ENC	2a Business underwriting 99999	158,371.	158,371.	0.	0.
Æ	b Time share income 99999	142,471.	142,471.	0.	0.
CE	c Engineering income 99999	22,567.	22,567.	0.	0.
ERV	d Program Income 99999	28,800.	28,800.	0.	0.
S W	e Miscellaneous 99999	20,537.	20,537.	0.	0.
PROGRAM SERVICE REVENUE	f All other program service revenue	20,00	20,001		
P.RO	g Total. Add lines 2a-2f	372,746.			
	Investment income (including dividends, interest and other similar amounts)  Income from investment of tax-exempt bond proceeds	53 <b>,9</b> 85.	53 <b>,9</b> 85.	0.	0.
	5 Royalties				
-	(i) Real (ii) Personal				
	<b>6a</b> Gross Rents 21, 725.				
	b Less rental expenses 0.				
	c Rental income or (foss) 21, 725.		li di		
	d Net rental income or (loss)	21,725.	21,725.	0.	0.
	7 a Gross amount from sales of (i) Securities (ii) Other				
	b Less cost or other basis and sales expenses				
	c Gain oi (loss)				
	d Net gain or (loss)				
NUE	8a Gross income from fundraising events (not including \$				
EVE	of contributions reported on line 1c)				
OTHER REVENU	See Part IV, line 18				
E	b Less direct expenses b	}			
	c Net income or (loss) from fundraising events				<del></del>
	9a Gross income from gaming activities See Part IV, line 19				
ļ	b Less direct expenses b	İ			
İ	c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns and allowances  b Less cost of goods sold  b	1			
	c Net income or (loss) from sales of inventory	İ	]	Ì	
ŀ	Miscellaneous Revenue Business Code				
ļ	11a	İ		Ì	
	b				
	c				<del></del>
	d All other revenue				
	e Total. Add lines 11a-11d				
	12 Total revenue. See instructions	1,460,923.	448,456.	0.	0.

Part IX | Statement of Functional Expenses

Section 501(c) All other organizations must con	(3) and 501(c)(4) organiz nplete column (A) but ai			d (D).
e amounts reported on lines and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundrais expens

	not include amounts reported on lines . 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2					
3					
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	78,226.	78,226.	0.	0.
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	412,359.	412,359.	0.	0.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	12,031.	12,031.	0.	0.
9	Other employee benefits	99,251.	99,251.	0.	0.
10	Payroll taxes	33,635.	33,635.	0.	0.
	Fees for services (non-employees)		, 555.		
	a Management				
1	Legal				
	- Accounting				
	d Lobbying				
	e Prof fundraising svcs See Part IV, In 17				
1	Investment management fees				
Ç	g Other				
12	Advertising and promotion	16,718.	16,718.	0.	0.
13	Office expenses	45,900.	45,900.	0.	0.
14	Information technology				
15	Royalties				
16	Occupancy	136,859.	136,859.	0.	0.
17	Travel	12,941.	12,941.	0.	0.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
20	Interest	19,339.	19,339.	0.	0.
21	Payments to affiliates				
	· · · · · · · · · · · · · · · · · · ·	105,866.	105,866.	0.	0.
23 24	Insurance 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 )	17,678.	17,678.	0.	0.
а	Professional fees	52,761.	52,761.	0.	0.
	Program and news service fees	55,201.	55,201.	0.	0.
С	Program and administration	28,711.	28,711.	0.	0.
	Repairs and Maintenance	13,227.	13,227.	0.	0.
	Dues and subscriptions	8,363.	8,363.	0.	0.
	All other expenses	62,133.	62,133.	0.	0.
	Total functional expenses Add lines 1 through 24f	1,211,199.	1,211,199.	0.	0.
	Joint costs. Check here ►				
BAA					Form <b>990</b> (2009)

	art /	C   Balance Sneet		<del></del>	
			(A) Beginning of year		( <b>B)</b> End of year
	1	Cash — non-interest-bearing	1,034,391.	. 1	1,133,236.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	347,209.	3	361,124.
	4	Accounts receivable, net	47,467.	4	26,570.
	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))			
	1	and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
A S S E T S	7	Notes and loans receivable, net		7	
Ē	8	Inventories for sale or use	17,228.	8	17,228.
Ś	9	Prepaid expenses and deferred charges	18,696.	9	23,276.
	10 8	Land, buildings, and equipment cost or other basis  Complete Part VI of Schedule D			
		Less accumulated depreciation 10b 1,373,481.	1,163,568.	10 c	1,059,405.
	11	Investments – publicly-traded securities	1,100,000.	11	1,000,400.
	12	Investments – other securities See Part IV, line 11	30,784.	12	41,378.
	13	Investments – program-related See Part IV, line 11	30,701.	13	41,370.
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	8,430.	15	198,828.
	16	Total assets Add lines 1 through 15 (must equal line 34)	2,667,773.	16	2,861,045.
	17	Accounts payable and accrued expenses	62,715.	17	28,949.
	18	Grants payable		18	
	19	Deferred revenue	4,728.	19	4,832.
_¦_	-20-	_Tax-exempt-bond-liabilities-		⁻ 20	
A	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
A B I L I T	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II			
- 1		of Schedule L		22	•
E S	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
i	25	Other liabilities Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	67,443.	26	33,781.
N E T		Organizations that follow SFAS 117, check here   X and complete lines			
- 1		27 through 29 and lines 33 and 34.			
S	27	Unrestricted net assets	2,600,330.	27	2,215,172.
Ĕ	28	Temporarily restricted net assets		28	612,092.
	29	Permanently restricted net assets		29	
P		Organizations that do not follow SFAS 117, check here ►			
FUZD		lines 30 through 34.		1	
Ď	30	Capital stock or trust principal, or current funds		30	
BA	31	Paid-in or capital surplus, or land, building, and equipment fund		31	
Ä	32	Retained earnings, endowment, accumulated income, or other funds		32	
BALANCES	33	Total net assets or fund balances	2,600,330.	33	2,827,264.
5	34	Total liabilities and net assets/fund balances	2,667,773.	34	2,861,045.

BAA

form 990 (2009) Minn-Iowa Christian Broadcasting, Inc. 41-1412836						
Part XI Financial Statements and Reporting						
		Yes	No			
1 Accounting method used to prepare the Form 990 🗌 Cash 🛛 X Accrual 🔲 Other						
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O						
2 a Were the organization's financial statements compiled or reviewed by an independent accountant?	2 a		Х			
b Were the organization's financial statements audited by an independent accountant?	2b	Χ				
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?	2c		Х			
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O						
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both						
X Separate basis Consolidated basis Both consolidated and separate basis		1				
3a 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?	3 a		Х			
<b>b</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	3 b					

ВАА

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

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

OMB No 1545-0047

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number 41-1412836 Minn-Iowa Christian Broadcasting, Inc. | Part | | Reason for Public Charity Status (All organizations must complete this part ) See instructions The organization is not a private foundation because it is (Foi 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). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or 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 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II) 6 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 7 in section 170(b)(1)(A)(vi). (Complete Part II) 8 community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 9 X An organization that normally receives (1) more than 33-1/3 % 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 33-1/3 % 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) 10 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 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 11 Ь Type II Type III — Functionally integrated Type III- Other С 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 f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? a Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) below, the governing body of the supported organization? 11 g (i) a family member of a person described in (i) above? 11 g (ii) a 35% controlled entity of a person described in (i) or (ii) above? 11 g (III) Provide the following information about the supported organizations h (III) Type of organization (described on lines 1-9 above or IRC section (iv) is the organization in col (i) listed in your (i) Name of Supported Organization (v) Did you notify the organization in (ii) EIN (vi) Is the organization in col (vii) Amount of Support col (i) of your support? (i) organized in the governing document? (see instructions)) Yes No Yes No Yes No

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

Total

Schedule A (Form 990 or 990-EZ) 2009

Sc	hedule A (Form 990 or 990-EZ) 20 art II   Support Schedule for	09 Minn-Io	wa Christia S Described in	n Broadcast	ing, Inc.	41-141283	
	(Complete only if you check	•				ia 170(b)(1)(A)	(•.)
Se	ection A. Public Support	ted the box on line	. 3, 7, 0, 3 0, 1 di	··/			
Ca	lendar year (or fiscal year ginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')						
2	? Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						
4	Total. Add lines 1-through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						<del></del>
Se	ction B. Total Support			I			
beg	endar year (or fiscal year inning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
9	Net income 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)						
11	Total support. Add lines 7 through 10						· · · · · · · · · · · · · · · · · · ·
12	Gross receipts from related activi	ties, etc (see inst	ructions)			12	· · · · · · · · · · · · · · · · · · ·
	First five years. If the Form 990 i organization, check this box and	stop here	· · · ·	l, third, fourth, or	fifth tax year as a	section 501(c)(3)	<b>►</b>
	tion C. Computation of Pub					1	
	Public support percentage for 200 Public support percentage from 2			11, column (f)		14	<u>%</u>
16 a	a 33-1/3 support test – 2009. If the and stop here. The organization of				ne line 14 is 33-1/.	3 % or more, chec	k this box
ŀ	33-1/3 support test – 2008. If the and stop here. The organization of				and line 15 is 33-1	/3% or more, chec	ck this box
17 a	1 10%-facts-and-circumstances test or more, and if the organization in the organization meets the facts-	neets the 'facts-an	d-circumstances'	test, check this bo	ox and stop here.	Explain in Part IV	0% how ►
b	o 10%-facts-and-circumstances test or more, and if the organization morganization meets the 'facts-and	neets the 'facts-and	ď-circumstances"	test, check this bo	ox and stop here.	Explain in Part IV I	how the

Page 3

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.)

	(Complete only if you che	Chec the box on h	110 3 011 0111)	<del></del>			
	ction A. Public Support		T		1		
	endar year (or fiscal yr beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')	686,793.	811,339.	919,416.	914,743.	1,012,467.	4,344,758
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the						
	organization's tax-exempt purpose	313,982.	353,377.	373,443.	371,049.	372,746.	1,784,597
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, 3 received from disqualified persons	1,000,775.	1,164,716.	1,292,859.	1,285,792.	1,385,213.	6,129,355.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b		<del></del>				
8	Public support (Subtract line						
	7c from line 6)						6,129,355.
Sec	tion B. Total Support						
	ndar year (or fiscal yr beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
			1,164,716.		1,285,792.		6,129,355.
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	6,791.	13,228.	18,603.	21,816.	53,985.	114,423.
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0,791.	13,220.	10,003.	21,010.		114,423.
	Add lines 10a and 10b	6,791.	13,228.	18,603.	21,816.	53 <b>,9</b> 85.	114,423.
	Net income from unrelated business activities not included inline 10b.				i		
	whether or not the business is regularly carried on						
12	whether or not the business is			22,265.	20,400.	21,725.	64,390.
12	whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in			22,265.	20,400.	21,725.	64,390. 6,308,168.
12 13 14	whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (add ins 9 10c, 11 and 12)  First five years. If the Form 990 is organization, check this box and s	top here					
12 13 14 Sect	whether or not the business is regularly carried on  Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (add ins 9 10c, 11 and 12)  First five years. If the Form 990 is organization, check this box and s ion C. Computation of Pub	top here lic Support Pe	ercentage	, third, fourth, oi		section 501(c)(3)	6,308,168.
12 13 14 Sect	whether or not the business is regularly carried on  Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (add ins 9 10c, 11 and 12)  First five years. If the Form 990 is organization, check this box and sion C. Computation of Pub  Public support percentage for 2009	top here lic Support Po (line 8, column	ercentage (f) divided by line	, third, fourth, oi		section 501(c)(3)	
12 13 14 Sect 15 16	whether or not the business is regularly carried on  Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (add ins 9 10c, 11 and 12)  First five years. If the Form 990 is organization, check this box and sion C. Computation of Pub  Public support percentage for 2009  Public support percentage from 20	lop here Ilic Support Po 9 (Ine 8, column 108 Schedule A, P	ercentage (f) divided by line lart III, line 15	, third, fourth, or		section 501(c)(3)	6,308,168.
13 14 Sect 15 16 Sect	whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (add ins 9 10c, 11 and 12)  First five years. If the Form 990 is organization, check this box and sion C. Computation of Pub  Public support percentage for 2009  Public support percentage from 2001  Total support percentage from 2001  Public support percentage from 2001  Total support percentage from 2001  Total support percentage from 2001	lop here lic Support Pe 9 (line 8, column 008 Schedule A. P estment Incom	ercentage (f) divided by line art III, line 15 he Percentage	, third, fourth, or	fifth tax year as a	section 501(c)(3)  15 16	6,308,168. ► □  97.17%  %
13 14 Sect 15 16 Sect 17	whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (add ins 9 10c, 11 and 12)  First five years. If the Form 990 is organization, check this box and sion C. Computation of Pub  Public support percentage for 2009  Public support percentage from 2009  Investment income percentage for	lic Support Pe 9 (line 8, column 908 Schedule A. P estment Incom 2009 (line 10c, co	ercentage (f) divided by line art III, line 15 are Percentage olumn (f) divided	, third, fourth, or  13, column (f))  by line 13, column	fifth tax year as a	section 501(c)(3)  15 16	6,308,168. ► □  97.17%  %  1.81%
13 14 Sect 15 16 Sect 17	whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (add ins 9 10c, 11 and 12)  First five years. If the Form 990 is organization, check this box and sion C. Computation of Pub  Public support percentage for 2009  Public support percentage from 2009  Public support percentage from 2009  Investment income percentage for Investment income percentage from Investment income percentage from Investment income percentage from Investment income percentage from Investment income percentage from Investment income percentage from Investment income percentage from Investment income percentage from Investment Income percentage from Investment Income percentage from Investment Income percentage from Investment Income percentage from Investment Income percentage from Investment Income percentage from Investment Income percentage from Investment Income percentage from Investment Income percentage from Investment Income percentage from Investment Income percentage from Investment Income percentage from Investment Income percentage from Investment Income percentage from Investment Income percentage from Investment Income percentage from Investment Income Investment Income percentage from Investment Income Investment Investment Income Investment Investment Investment Investment Investment Investment Investment Investment Investment Investment Investment Investment Investment Investment Investment Investment Investment Investment Investment Investment Investment Investment Investment Investment Investment Investment Investment Investment Investment Investment Investment Investment Investment Investment Investment Investment Investment Investment Investment Investment Investment Investment Investment Investment Investment Investment Investment Investment Investment Investment Investment Investment Investment Investment Investment Investment Investment Investment Investment Investment Investment Investment Investment Investm	lop here lic Support Po line 8, column los Schedule A. P stment Incom 2009 (line 10c, c m 2008 Schedule	ercentage (f) divided by line art III, line 15 are Percentage olumn (f) divided A, Part III, line 13	, third, fourth, or  13, column (f))  by line 13, column	fifth tax year as a	15 16	6,308,168. ► □  97.17%  %  1.81%  %
13 14 15 16 Sect 17 18 19 a	whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (add ins 9 10c, 11 and 12)  First five years. If the Form 990 is organization, check this box and sion C. Computation of Pub  Public support percentage for 2009  Public support percentage from 20 ion D. Computation of Inve  Investment income percentage from 33-1/3 support tests – 2009. If the more than 33-1/3%, check this box 33-1/3 support tests – 2008. If the	lic Support Po g (line 8, column 1008 Schedule A. P estment Incom 2009 (line 10c, c m 2008 Schedule e organization did and stop here. To	ercentage  (f) divided by line art III, line 15  ie Percentage blumn (f) divided A, Part III, line 17  not check the box he organization cont check a box of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of	third, fourth, or  13, column (f))  by line 13, column  on line 14, and I qualifies as a publication line 14 or 19a, a	fifth tax year as a  in (f))  line 15 is more that cly supported organism and line 16 is more	15 16 17 18 an 33-1/3%, and lianization e than 33-1/3%, a	97.17% % 1.81% me 17 is not
12 13 14 15 16 Sect 17 18 19 a	whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (add ins 9 10c, 11 and 12)  First five years. If the Form 990 is organization, check this box and sion C. Computation of Pub  Public support percentage for 2009  Public support percentage from 20 ion D. Computation of Invelinvestment income percentage for Investment income percentage from 33-1/3 support tests — 2009. If the	lic Support Po g (line 8, column 108 Schedule A. P estment Incom 2009 (line 10c, c m 2008 Schedule e organization did and stop here. To e organization did his box and stop I	ercentage  (f) divided by line art III, line 15  ie Percentage blumn (f) divided A, Part III, line 17  not check the box the organization of the check a box chere. The organization content is the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organizati	third, fourth, or 13, column (f)) by line 13, column (f) c on line 14, and I qualifies as a public on line 14 or 19a, a ation qualifies as a	fifth tax year as a  in (f))  ine 15 is more that of the city supported organism and line 16 is more publicly supported publicly supported organism.	15 16 17 18 an 33-1/3%, and lianization e than 33-1/3%, aed organization	97.17 %  97.181 %  ne 17 is not

edule <b>A</b> (Form 990 or 990-EZ) 2009 Minn-Iowa Christian Broadcasting, Inc. 41-1412836 F	age 4
Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12 Provide any other additional information. See instructions	
ner Income Part III, Line 12	
scription: Rental income	
07: 22265.	
08: 20400.	
9: <u>21725.</u>	
·	
	<del>-</del>
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### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

 Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
 ► Attach to Form 990.
 ► See separate instructions OMB No 1545 0047

Inspection

Open to Public

Employer Identification number Name of the organization 41-1412836 Minn-Iowa Christian Broadcasting, Inc. Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete If the organization answered 'Yes' to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised Yes No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or for any other purpose conferring impermissible private benefit?? Part II | Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a a Total number of conservation easements 2b **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2с d Number of conservation easements included in (c) acquired after 8/17/06 2di 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easement it holds? No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year > Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements \$ during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

Schedule D (Form 990) 2009 Minr	-Iowa Chr	istian Broado	casting, Inc.	41	-1412836 Page
Part III   Organizations Maint	aining Collec	tions of Art, His	torical Treasures	s, or Other Simila	r Assets (continued)
3 Using the organization's acquisit items (check all that apply)	ion accession a	nd other records, che	eck any of the following	ng that are a significar	nt use of its collection
a 🔲 Public exhibition		d Loa	n or exchange progra	ms	
<b>b</b> Scholarly research		e 🗌 Othe	eı		
c Preservation for future gene	rations				
4 Provide a description of the organ Part XIV	inization's collec	tions and explain ho	w they further the org	anization's exempt pu	irpose in
5 During the year, did the organiza assets to be sold to raise funds i	ather than to be	maintained as part	of the organization's o	collection?	Yes No
Part IV Escrow and Custodia 9, or reported an amo	al Arrangeme ount on Form	ents Complete if 990, Part X, line	organization ans e 21	wered 'Yes' to Fo	rm 990, Part IV, line
1a Is the organization an agent, trus included on Form 990, Part X?				other assets not	Yes No
<b>b</b> If 'Yes,' explain the arrangement	in Part Aiv and	complete the following	ing table		Amount
c Beginning balance				1c	Amount
d Additions during the year				1 d	· · · · · · · · · · · · · · · · · · ·
e Distributions during the year				1 e	<del></del>
f Ending balance				16	
2a Did the organization include an a	mount on Form	990 Part V June 212	)	!!'!	Yes No
<b>b</b> If 'Yes,' explain the arrangement		550, Falt X, IIIIc 21.			resno
Part V Endowment Funds Co		anization answe	red 'Yes' to Form	990 Part IV line	
Tart V   Lindownient Tunds Co	(a) Current ye				
1 a Beginning of year balance	(a) Current ye	a (D) FITOL YE	ai (c) iwo years	u) Thee years	back (e) rour years back
5 5 ,					
<b>b</b> Contributions					
c_Net Investment_earnings,_gains,_ and losses					
d Grants or scholarships					
<ul> <li>e Other expenditures for facilities and programs</li> </ul>					
f Administrative expenses					
g End of year balance					<u> </u>
<ol><li>Provide the estimated percentage</li></ol>	of the year end	balance held as			
a Board designated or quasi-endow	ment 🟲	%			
<b>b</b> Permanent endowment ►	·				
c Term endowment ►	<u> </u>				
3a Are there endowment funds not in organization by	the possession	of the organization t	hat are held and adm	inistered for the	Yes No
(i) unrelated organizations					3a(i)
(ii) related organizations					3a(ii)
b If 'Yes' to 3a(ıı), are the related or	ganizations liste	d as required on Sci	nedule R?		3b
4 Describe in Parl XIV the intended	_				<u> </u>
Part VI Investments-Land, B				X. line 10	<del> </del>
Description of investment		Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated	d (d) Book Value
1 a Land			99,454		99,454.
<b>b</b> Buildings			521,090		
c Leasehold improvements			<del>-</del>		
<b>d</b> Equipment			1,812,342	. 1,143,07	71. 669,271.
e Other			_, , ,		
Total. Add lines 1a through 1e (Column	(d) must eaual l	Form 990, Part X. co	lumn (B), line 10(c) )	•	1,059,405.
BAA					Schedule <b>D</b> (Form 990) 2009

Schedule D (Form 990) 2009 Minn-Iowa Chris Part VII Investments—Other Securities See	tian Broadcastin	g, Inc.	41-1412836	Page
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valuation	
(including name of security) Financial derivatives		Co	ost of end-of-year market value	
Closely-held equity interests				
Other				
	-			
	-	<u> </u>		
	-			
	_			
	_			
Total (Column (b) must equal Form 990 Part X, col (B) line 12)	-			
Part VIII Investments-Program Related (Se	e Form 990, Part X, I	ne 13)		
(a) Description of investment type	(b) Book value	Con	(c) Method of valuation st or end-of-year market value	
			st or end-or-year market value	
	_			
Total (Column (b) must equal Form 990 Part X Col (B) line 13)				
Part IX Other Assets (See Form 990, Part X	(, line 15)			
	Description		(b) Book v	
Station license	<del></del>		198	8,828
		·		
	· · · · · · · · · · · · · · · · · · ·			
Total. (Column (b) must equal Form 990. Part X col (B)			▶ 198	,828
Part X Other Liabilities (See Form 990, Par			<del></del>	
(a) Description of Liability Federal Income Taxes	(b) Amount	_		
rederal income raxes		_		
		_		
		_		
		-		
		-		
		_		
Total (Column (b) must equal Form 990, Part X, col (B) line 25) ► 2. FIN 48 Footnote In Part XIV, provide the text of the footi	note to the organization's fir	l nancial statement	s that reports the organization's lief	————
or uncertain tax positions under FIN 48	Total to the organization's III	anciar statement		Jinty

Scriedule D (Form 990) 2009 MINN-IOWA Christian Broadcas		-1412	2030 Page
Part XI   Reconciliation of Change in Net Assets from Form	990 to Financial Statements		1 460 000
1 Total revenue (Form 990, Part VIII, column (A), line 12)		F	1,460,923
2 Total expenses (Form 990, Part IX, column (A), line 25)		<u> </u> -	1,211,199
3 Excess or (deficit) for the year Subtract line 2 from line 1		F	249,724
4 Net unrealized gains (losses) on investments		-	
5 Donated services and use of facilities		<u> </u>	
6 Investment expenses		-	
7 Prior period adjustments		-	
8 Other (Describe in Part XIV)		 	
9 Total adjustments (net) Add lines 4 through 8			
10 Excess or (deficit) for the year per audited financial statements. Combin		<u> </u>	249,724
Part XII   Reconciliation of Revenue per Audited Financial St		_	1 166 000
1 Total revenue, gains, and other support per audited financial statements		1   -	1,460,923
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 - 1		
a Net unrealized gains on investments	2 a		
b Donated services and use of facilities	2 b	ĺ	
c Recoveries of prior year grants	2 c		
d Other (Describe in Part XIV)	2 d	i i	
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1		3	1,460,923
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a Investments expenses not included on Form 990, Part VIII, line 7b	4a	.	
<b>b</b> Other (Describe in Part XIV)	4b		
c Add lines 4a and 4b		4 c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I. lin	ne 12)	5	1,460,923
Part XIII   Reconciliation of Expenses per Audited Financial S	statements With Expenses per	Returr	1
Total expenses and losses per audited financial statements		1	1,211,199
2 Amounts included on line 1 but not on Form 990, Part IX, line 25			
a Donated services and use of facilities	2 a	}	
<b>b</b> Prior year adjustments	2 b		
c Other losses	2 c		
d Other (Describe in Part XIV)	2 d		
e Add lines 2a through 2d		2 e	
3 Subtract line 2e from line 1		3	1,211,199.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a investments expenses not included on Form 990, Part VIII, line 7b	4 a		
<b>b</b> Other (Describe in Part XIV)	4b	İ	
c Add lines 4a and 4b	,	4c	
5 Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, lin	ne 18 )	5	1,211,199.
Part XIV   Supplemental Information	10 70 7		
Complete this part to provide the descriptions required for Part II, lines 3, 5, and line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, line information	d 9, Part III, lines 1a and 4, Part IV, lines 2d and 4b Also complete this part to	es 1b ar provide	nd 2b, Part V, e any additional

BAA

#### SCHEDULE O (Form 990)

### **Supplemental Information to Form 990**

OMB No 1545-0047

2009

Open to Public Inspection

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

Pepartment of the Treasury Internal Revenue Service

Attach to Form 990.

Name of the organization	Employer identification number
Minn-Iowa Christian Broadcasting, Inc.	41-1412836
Pt_VI-B, Line 11A Form 990 will be reviewed by the di	irector and board of
directors at its meeting	
·	
· • • • • • • • • • • • • • • • • • • •	

## Form **8868**

# Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

OMB No 1545 1709

<ul><li>If you are</li></ul>	e filing for an Automatic 3-Month	Extension, complete only	Part I and check this box			► X	
<ul><li>If you are</li></ul>	e filing for an Additional (Not Auto	omatic) 3-Month Extension	n, complete only Part II (or	page 2 of this	form)		
Do not comp	<b>plete Part II unless</b> you have alrea	dy been granted an autor	natic 3-month extension on	a previously file	ed Form 8868		
Part I	Automatic 3-Month Extens	ion of Time. Only su	ıbmıt orıgınal (no copi	es needed)			
		•		•			
·	n required to file Form 990-T and i	, -			•	,	
All other corp income tax re	porations (including 1120-C filers). eturns	, partnerships, REMICS, a	and trusts must use Form 70	004 to request a	an extension o	f time to file	
returns noted the additiona Form 990-T	iling (e-file). Generally, you can ele the below (6 months for a corporation of (not automatic) 3-month extension instead, you must submit the fully wit www.irs.gov/efile.and.click.on.e.	n required to file Form 99 on or (2) you file Forms 9 completed and signed pa	0-T) However, you cannot 90-BL, 6069, or 8870, group age 2 (Part II) of Form 8868	file Form 8868 or returns, or a co	electronically i	f (1) you want onsolidated	
	Name of Exempt Organization	· · · · · · · · · · · · · · · · · · ·			Employer identif	ication number	
Type or							
print	Minn-Iowa Christian	Broadcasting, I	nc.		41-14128	36	
File by the	Number, street, and room or suite number				1111111		
due date for filing your	PO Box 72 County Rd	6					
return See instructions	City, town or post office state, and ZIP cod		ructions				
	Blue Earth				<b>M</b> N 5	6013	
Check type o	of return to be filed (file a separate	application for each retu	rn\		MN J	0013	
X Form 990	· · · · · · · · · · · · · · · · · · ·	Form 990-T (corporation	•	☐ Form 472	n		
Form 990	<del></del>	Form 990-T (section 40	•	Form 522			
Form 990	<u> </u>	Form 990-T (trust other		Form 606			
Form-990	<b>⊢</b>	Form 1041-A		Form 887			
1 11 01111 990	(ALI	11011111041-7		] ] 1 0111 667	· · · · · · · · · · · · · · · · · · ·		
Telephone If the orga If this is to check this the extens	e No (000) 526-3233 anization does not have an office of a Group Return, enter the organ box If it is for part of the sion will cover	FAX Nor place of business in the place of business in the placetion's four digit Group e group, check this box	o ► United States, check this b Exemption Number (GEN) ► and attach a list with	oox If the names an			
•	t an automatic 3-month (6 months	· · · · · · · · · · · · · · · · · · ·	· ·				
	ug 16 , 20 10 _ , to file tension is for the organization's retu		eturn for the organization na	ameo above			
	•	וטו וווג					
	calendar year 20 09 or	20	00				
	tax year beginning	, 20 , and endii	ng, 20 _				
	x year is for less than 12 months,		rial return Final ret		nange in accou	inting period	
	pplication is for Form 990-BL, 990- idable credits. See instructions	PF, 990-T, 4720, or 6069	, enter the tentative tax, les	s any	3a \$	0.	
	plication is for Form 990-PF or 99 iclude any prior year overpayment		credits and estimated tax p	payments	<b>3b</b>  \$	0.	
c <b>Balance</b> deposit v See instr	<b>Due.</b> Subtract line 3b from line 3a with FTD coupon or, if required, by ructions	Include your payment w using EFTPS (Electronic	ith this form, or, if required, Federal Tax Payment Syst	em)	3c \$	0.	
Caution. If you payment instru	are going to make an electronic suctions	fund withdrawal with this	Form 8868, see Form 8453-	-EO and Form 8	8879-EO for		
3AA For Priva	acy Act and Paperwork Reduction	Act Notice, see Instruct	ons.	<del></del>	Form 88	68 (Rev 4-2009)	

Schedule A (Form 990 or 990EZ) - Part IV - Supplemental Information (continued)

Schedule A (Form 990 or 990EZ) - Other Income (continued)

Description	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Rental income			22,265.	20,400.	21,725.	64,390.
Total			22,265.	20,400.	21,725.	64,390.