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MI9000 03/17/2012 10 31 AM

Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

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

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

1545-0047 2009 Open to Public inspection

A I	For the 200	calendar year, or tax year beginning , and ending				
ВС	heck if applicat		ing		D Emple	oyer identification number
	Address change	use IRS Foundation				
	Name change	print or Doing Business As			41-	1699000
<u>, </u>	n-bal return	type. Number and street (or P O box if mail is not delivered to street address)	j f	Room/suite		none number
		See PO Box 72, County Road 6			507	-526-3233
	fermination	Instruc- City or town, state or country, and ZIP + 4			G Gross rec	expls\$ 217,237
主产	Amended return	tions Blue Earth MN 56013				
域	Application pend	F Name and address of principal officer Matthew Dorfner				a group return for es? Yes X No
₹		PO Box 72, County Road 6			affiliat H(b) Are al	affiliates
 >		Blue Earth MN 56013			includ	attach a list. (see instructions)
AU6	Tax-exempt				11 110,	attach a loc foot mensoonal
_	Website:				H(c) Groun	exemption number
		ation X Corporation Trust Association Other	L Yes	ar of formation 1	990	M State of legal domicile MN
	art i	Summary				
12		y describe the organization's mission or most significant activities				
	•	and raising for Minn-Iowa Christian Broadcasting,	Inc.			
au c						
Governance		·				
ò	1	k this box ▶ [] if the organization discontinued its operations or disposed of more	than 25%	6 of its net ass	ets	_
ಂಶ	3 Num	ber of voting members of the governing body (Part VI, line 1a)			3	
Activities	4 Num	ber of independent voting members of the governing body (Part VI, line 1b)			4	5
E.		number of employees (Part V, line 2a)			5	0
Ac		number of volunteers (estimate if necessary)			6	
	l .	gross unrelated business revenue from Part VIII, column (C), line 12			7a	0
	b Net	unrelated business taxable income from Form 990-T, line 34		Prior Yea	7b r	Current Year
•	8 Con	ributions and grants (Part VIII, line 1h)				140
Revenue		ram service revenue (Part VIII, line 2g)				
9.0	10 Inve	stment income (Part VIII, column (A), lines 3, 4, and 7d)				35,814
œ	11 Othe	er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	_			181,283
	12 Tota	revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)				217,237
	i	nts and similar amounts paid (Part IX, column (A), lines 1-3)	}_			
	14 Ben	efits paid to or for members (Part IX, column (A), line 4)				
Ses	15 Sala	nes, other compensation, employee benefits (Part IX, column (A); line 4) pessional fundraising fees (Part IX, column (A) line 11e) Column (A)) -			
Expenses	1	The same of the sa	_	,, 		
Ext		I fundraising expenses (Part IX, column (D), line 25) ○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○	186			37,187
	I .	l expenses Add lines 13–17 (must equal Part IX, columni(A), line 25)	IRS-O			37,187
	1	enue less expenses Subtract line 18 from line 12	╣╩╟			180,050
j g		UGDEN. IJ		Beginning of Cur		End of Year
Assets or Balances	20 Tota	l assets (Part X, line 16)	~~~~" <u>L</u>	1,39	9,051	1,879,558
age Age		I liabilities (Part X, line 26)	<u> </u>	1 20	558	416
		essets or fund balances. Subtract line 21 from line 20	<u></u>	1,39	8,493	1,879,142
	art II	Signature Block				
		Under penalties of perjury, I declare that I have examined this return, including accompanying s and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based	cnedules a on all infon	ing statements, a mation of which	ind to the bi preparer ha:	est of my knowledge s any knowledge.
Sig	ın				1,2/2	18/201
He		Signature of officer			1 2/6	The said
		- <u>▼</u>	xecut	ive Di		
		Type or pnnt name and title				
_		Preparer's CO	Date	Check	ıf	Preparer's identifying number
Pa			03/17	l co⊬_		(see instructions) P00291392
	eparer's	Firm's name (or yours D.K. Arnot, P.C.		,	EIN	40 446004
US	e Only	if self-employed), 116 East I Street			Phone	
		address, and ZIP+4 Forest City, IA 50436-1760				641-585-4631
		scuss this return with the preparer shown above? (see instructions)				Yes No
For	Privacy A	ct and Paperwork Reduction Act Notice, see the separate instructions.				Form 990 (2009)

SCANNED AUG 3 0 2012

Form 990 (2009) Minn-Iowa Christian Broadcasting

41-1699000

Page 2

DAA

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

	# IV Checklist of Required Schedules					age J
	rt IV Checklist of Required Schedules				Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		ſ			
•	complete Schedule A		ļ	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?			2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	•	• 1			
•	candidates for public office? If "Yes," complete Schedule C, Part I		1	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_		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		į			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			7		<u> </u>
8	Did the organization maintain collections of works of art. historical treasures, or other similar assets? If "Yes,"					
	complete Schedule D, Part III			8		X
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		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,					
	VII, VIII IX, or X as applicable			11	X	ļ,
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete					
	Schedule D, Part VI					
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more					
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII					
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more				,	
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. Did the organization report an amount for other assets related 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 addresse	9				
•	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D. Part X	-				
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete					
	Schedule D, Parts XI XII, and XIII			12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.	12A	X			
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes " complete Schedule E			13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?			14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			1		
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I			14b		X
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	<u> </u>	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5 000 of aggregate grants or assistance					
4-	to individuals located outside the United States? If "Yes," complete Schedule F, Part III			16	 	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services					
40	on Part IX, column (A), lines 6 and 11e? if "Yes," complete Schedule G, Part I			17	 	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on					
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			18	-	X
	If "Yes," complete Schedule G. Part III			40		x
	······································			196	•	

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	art iv Checklist of Required Schedules (Continued)			
•	Did the appropriate second more than \$5,000 of greats and other consistency to accompanies and appropriate	}	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the	1	-	
22	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			
23	organization's current and former officers, directors, trustees, key employees, and highest compensated		<u> </u>	
	employees? If "Yes," complete Schedule J	23	ļ	x
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	-		
240	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	1]	
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		X
ь	make the second of the second beautiful to the second of t	24b		
c	m 11)			_
Ť	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		$\overline{}$
25a		1		
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	1		<u> </u>
•	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or	ļ		ļ
	990-EZ? if "Yes," complete Schedule L, Part I	25b		x
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	1	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?]	
	If "Yes," complete Schedule L, Part III	27	}	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			I
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)		l	l
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV	28a	L	X
ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			Γ
	Schedule L, Part IV	28b	L	X
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,	1	Ì	Ì
	Part IV	28c	<u> </u>	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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			•
	Part I .	31		X
32	Did the organization sell, exchange dispose of, or transfer more than 25% of its net assets? If "Yes," complete	Ì	}	
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1		
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			Ì
	III, IV, and V, line 1	34	} -	X
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	Ļ	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related	}	1	
•	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	i	1]
	Part VI	37	—	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	1	1	
	19? Note. All Form 990 filers are required to complete Schedule O	38	1	X

77.0	Statements regarding other INS I migs and Tax Compliance		T.,	
1 2	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		Yes	No
18	U.S. Information Returns Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	•	1	
	Enter the reduced of the state			
٠	gaming (gambling) winnings to prize winners?	1c	1 1	x
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	-:-		
Z.u	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	1-3-		
	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3 <u>a</u>		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	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			1
	account)?	4a		X
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		ļ. :	
	and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes." to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	İ		
	Prohibited Tax Shelter Transaction?	5c	<u> </u>	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			ŀ
	organization solicit any contributions that were not tax deductible?	<u>6a</u>	 	X
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	. <u>6b</u>	 	
7	Organizations that may receive deductible contributions under section 170(c).	İ		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	İ		
	and services provided to the payor?	7 <u>a</u>	╂	 -
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<u>7b</u>	 	├
C				į
н	required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d	7c	 	
6	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
٠	benefit contract?	7e	1	1
f		76	 	1
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	79		_
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as		1	1
	required?	7h	1	
8	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		1 .	1
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		1.	
а	Did the organization make any taxable distributions under section 4966?	<u>9a</u>	ļ	↓
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	95		<u> </u>
10	Section 501(c)(7) organizations. Enter		1	1
a	Initiation fees and capital contributions included on Part VIII, line 12			
b				
11	Section 501(c)(12) organizations. Enter Gross income from members or shareholders			
a b	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against			
.,	amounts due or received from them)			
l 2a			1	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a	+-	\vdash
_			·	L

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

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
þ	Enter the number of voting members that are independent 1b 5		4	
2	Old any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	↓	X
3	Did the organization delegate control over management duties customanly performed by or under the direct	ŀ	Î	}
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	4_	X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	_5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members		1	}
	of the governing body?	78		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	71:	<u> </u>	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	1		
	the year by the following	ŀ	1	
a	The governing body?	_ 8a	X	<u> </u>
ь	Each committee with authority to act on behalf of the governing body?	8t	X	
9	is there any officer director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X_
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal			
	venue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10	a 📗	X
ь	If "Yes," does the organization have written policies and procedures governing the activities of such chapters			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10	ь 🗀	<u>L</u>
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	_11	<u> </u>	X
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990			'
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12	a X	
ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12	ь	X
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12	c	X_
13	Does the organization have a written whistleblower policy?	1:	3	X
14	Does the organization have a written document retention and destruction policy?	1	4	X
15	Did the process for determining compensation of the following persons include a review and approval by		1:	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	l		
a	The organization's CEO, Executive Director, or top management official	15	a	X
b	Other officers or key employees of the organization	15	ь	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			()
	with a taxable entity during the year?	- √ 16	ia	X
b	if "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			1
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			1
	the organization's exempt status with respect to such arrangements?	16	ib l	Ì
Sec	ction C. Disclosure		<u> </u>	
17	List the states with which a copy of this Form 990 is required to be filed None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply.			
	Own website X Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
-	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
-	organization Matthew Dorfner PO Box 72, County Road 6			
B	lue Earth MN 56013	507~5	26-	3233
_				

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees, officers, key employees; highest compensated employees, and former such persons

(A) Name and Title	(B) Average hours per	Pos	ition (checi	C) k all i	hat a	pply)	(D) Reportable	(E) Reportable compensation	(F) Estimated
	nours per week	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensatio from the organization and related organization
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		_			_	<u> </u>	_			
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<u> </u>	T VII 'Section A. Omicers	, Directors, ITU	T	3, NE	7 5	ii pit	79000	, al	io riignest Compensated	Embioheea (continues)				
	(A) Name and Title	(B) Average hours per	┝		chec	,	that e	_	compensation	(E) Reportable compensation		(F) Estimate amount	of	
		week	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	co or a	other mpensa from th rganizal nd relat ganizati	ation e tion ted	
				ñ			ated							
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	Tabal	<u> </u>	Ц_		L_	L		Ļ	 		ļ			
_ <u>1b</u> 2	Total Total number of individuals (ii	ncluding but not	limite	ed to	thos	e lis	sted a	boy	(e) who received more than	\$100 000 in	L			
	reportable compensation from													
													Yes	No
3	Did the organization list any for employee on line 1a? If "Yes,								oyee, or highest compensa	ted	ľ	3		x
4	For any individual listed on lin	ie 1a, is the sum	of re	eport	able	con	npen	satio	on and other compensation	from	t	-		
	the organization and related of individual	organizations gre	ater	than	\$15	0,00	007 lf	"Ye	s," complete Schedule J fo	r such	İ	4	- 1	x
5	Did any person listed on line									or		-		
	services rendered to the orga		, ∞	mple	te S	che	dule .	J for	such person	·		5		X
1	ction B. Independent Contract Complete this table for your fi compensation from the organ	ive highest comp	ensa	ated	ınde	pend	dent	cont	ractors that received more	than \$100,000 of				
	Name and	(A) d business address							Descrip	(B) otion of services		Con	(C) npensatio	on
				_			······	_						
	Total number of independent	contractors (li:	- 4 6-0		on lated about					
4	Total number of independent more than \$100,000 in compe						.eu (0	i ino	ise listed above) who recen	/e0		٥		
DAA													990 (2009

Total revenue Region Regio	-	an I	VIII Statement of Re	enue						
Series Ser							(A)	(B)	(C)	(D)
Tall Federated campaigns 1a 1b 1b 1b 1c 1c 1c 1c 1c							TOTAL LEAGUING	exempt		excluded from tax
Federated campagings 1a 1b 1b 1b 1b 1b 1b 1b									revenue	
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Income from investment of tax-exempt bond proceeds Solution		ľ		ing divide	nus, inten		25 014			
Second Part Company			•				35,814		1	35,814
(i) Real (ii) Personal 6a Gross Rents		-		tax-exen	ipt bond p	proceeds -				
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Page 2017 Page 2018 Page		C	Rental inc or (loss)						,	
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12 Total Revenue See instructions						L				
12 Total Revenue. See instructions > 217,237 181,283 0 35,914						▶ [_	181,283			
		12	Total Revenue. See instruct	tions		<u> </u>	217,237	181,283	n	35 914

Form 990 (2009) Minn-Iowa Christian Broadcasting

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
2	the U.S. See Part IV, line 22 Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees		}		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and		Ì		
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits Payroll taxes				
10 11	Fees for services (non-employees).				
a	Management				
b	Legal	2,769		2,769	
C		12,248		12,248	
d	Lobbying				
0	Professional fundraising services See Part IV, line 17			<u> </u>	<u> </u>
f	Investment management fees				
g	Other				
12	Advertising and promotion	2,000		2,000	
13	Office expenses	2,000		2,000	
14	Information technology	· · · · · · · · · · · · · · · · · · ·			
15 16	Royalties Occupancy	4,299	4,299		
17	Travel		7	 	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	ļ			
21	Payments to affiliates	15 050	15 050		
22	Depreciation, depletion, and amortization	15,252 509	15,252	509	<u> </u>
23	Insurance	309		509	
24	Other expenses Itemize expenses not				
44	covered above (Expenses grouped together				,
	and labeled miscellaneous may not exceed			1	
	5% of total expenses shown on line 25 below)			
а	Miscellaneous	110	110		
b					
c				 	
d		<u> </u>		 	
0	All other avacance		 	 	
∳ 2E	All other expenses Total functional expenses. Add lines 1 through 24	37,187	19,661	17,526	
<u>25</u> 26		31,101	19,001	17,320	
40	SOP 98-2. Complete this line only if the				ļ
	organization reported in column (B) joint costs from a combined educational campaign and	5		ţ	ļ
	fundraising solicitation	<u> </u>	<u> </u>	<u> </u>	

Par					(A)		(B)
					Beginning of year		End of year
- 1	1	Cash—non-interest bearing		-	24,382		82,779
- 1	2	Savings and temporary cash investments	•	}	568,152	-	532,970
	3	Pledges and grants receivable, net		ļ.		3	
	4	Accounts receivable, net		<u> </u>		4	6,940
- 1	5	Receivables from current and former officers, directors,		•			•
ł		employees, and highest compensated employees. Com	nplete Part II	of			
1		Schedule L		ļ.		5	
- '		Receivables from other disqualified persons (as defined					
-		4958(f)(1)) and persons described in section 4958(c)(3)	(B) Comple	le			
,		Part II of Schedule L				6	
֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	7	Notes and loans receivable, net		Ļ	700,293		1,181,372 2,937
Clacer		Inventories for sale or use		Ļ	2,968	8	2,937
` '	9	Prepaid expenses and deferred charges	1 . 1	. -	 	9	
1	0a	Land, buildings, and equipment cost or					4
		other basis Complete Part VI of Schedule D	10a	204,931			
	b	Less accumulated depreciation	105	132,596	90,155		72,335
1	1	Investments—publicly traded securities			225	11	225
1	2	Investments—other securities See Part IV, line 11		Ļ		12	
1	3	Investments-program-related See Part IV, line 11		Ĺ	·	13	
1	4	Intangible assets		,[14	
1	5	Other assets See Part IV, line 11		Ĺ	12,876		
1	6	Total assets. Add lines 1 through 15 (must equal line 3	4)	<u> </u>	1,399,051	16	_1,879,558
1	7	Accounts payable and accrued expenses			558	17	416
1	8	Grants payable		Ĺ		18	
1	9	Deferred revenue				19	
2	20	Tax-exempt bond liabilities		L		20	
8 2	1	Escrow or custodial account liability. Complete Part IV	of Schedule	D [21	
	2	Payables to current and former officers, directors, truste	ees, key		., .,		. ,
		employees, highest compensated employees, and disq	ualified				
ן נֿ		persons Complete Part II of Schedule L				22	
2	23	Secured mortgages and notes payable to unrelated thir	d parties			23	
2	4 ,	, Unsecured notes and loans payable to unrelated third p	arties	Ĺ		24	
2	25	Other liabilities Complete Part X of Schedule D				25	
_	6	Total liabilities. Add lines 17 through 25			558	26	416
ß		Organizations that follow SFAS 117, check here ▶ 2	X and	I			
2		complete lines 27 through 29, and lines 33 and 34.					
2	27	Unrestricted net assets		. [1,398,493	27	1,879,142
0 2	28	Temporarily restricted net assets		Ĺ		28	
2	!9	Permanently restricted net assets		<u></u>		29	
2		Organizations that do not follow SFAS 117, check he	ere 🕨 🔙	i			
5		and complete lines 30 through 34.					
<u>n</u> 3	30	Capital stock or trust principal, or current funds				30	
3 3	31	Paid-in or capital surplus, or land, building, or equipment	nt fund	. [31	
ž 3	12	Retained earnings, endowment, accumulated income,	or other fund	s [32	
	13	Total net assets or fund balances		[1,398,493		1,879,142
<u> </u>	14_	Total liabilities and net assets/fund balances		Ĩ	1,399,051		1,879,558

Form 990 (2009)

om	990 (2009) Minn-Iowa Christian Broadcasting 41-1699000		Pa	ge 12
Pa	rt 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	1 1		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	_2a		X
þ	Were the organization's financial statements audited by an independent accountant?	2b		X
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		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis	[]		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		L _
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	T		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
		Form	990	(2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009 Open to Public

Inspection

Department of the Treasury internal Revenue Service

Name of the organization

Foundation

Minn-Iowa Christian Broadcasting

Employer identification number 41-1699000

Part 1 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i), 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c Type III-Functionally integrated b Type II d l By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) if the organization received a written determination from the IRS that it is a Type I. Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the Q following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (iii) Type of organization (iv) is the organization (v) Did you notify (vi) is the (vii) Amount of the organization in organization (described on lines 1-9) in col (i) listed in your nanization in col act (i) of your above or IRC section (i) organized in the governing document? 1152 (see instructions)) Yes No Yes No Yes No

	dule A (Form 990 or 990-EZ) 2009 Min Support Schedule for Or					-1699000	Page
1.4	(Complete only if you che				Mallal aug	i i olnil i ilwilai	•
20	tion A. Public Support	scred the box	On line 3, 7, 0	OUITAILI.			
_	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
•	and you to those you and any	(4) 2005	(0) 2000	(0) 2001	(4) 2000	(0) 2000	(1) 10101
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 its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
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						
ec	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
3	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
)	Net income from unrelated business activities, whether or not the business is regularly carned on						
0	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)			:			
1	Total support. Add lines 7 through 10						
2	Gross receipts from related activities, etc.	(see instructions)	h			12	
3	First five years. If the Form 990 is for the	organization's firs	st, second, third, fo	urth or fifth tax ye	ar as a section 50	1(c)(3)	
	organization, check this box and stop her	e	<u> </u>				>
ec	tion C. Computation of Public S	upport Percer	ntage				
ı –	Public support percentage for 2009 (line 6	, column (f) divide	ed by line 11, colur	nn (f))		14	
5	Public support percentage from 2008 Sch	edule A, Part II, III	ne 14			15	
à	33 1/3 % support test—2009. If the organ	nization did not ch	eck the box on line	13, and line 14 is	33 1/3 % or more.	check this box	
	and stop here. The organization qualifies						•
b	33 1/3 % support test—2008. If the organ	ization did not ch	eck a box on line 1	3 or 16a, and line	15 is 33 1/3 % or i	more check this	•
	box and stop here. The organization qual						•
7a	10%-facts-and-circumstances test-200	9. If the organizat	tion did not check a	a box on line 13, 1	6a, or 16b and line	e 14 is 10% or	
	more, and if the organization meets the "f						

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

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

Sec	tion A. Public Support		_				
Cal	endar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	_10			32,140	140	32,290
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose					181,283	181,283
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	10			32,140	181,423	213,573
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						_
þ	Amounts included on lines 2 and 3 received			,			
	from other than disqualified persons that			Ĭ		}	
	exceed the greater of \$5,000 or 1% of the		l			1	
	amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)			· I		1	
500	tion B. Total Support		L	I	<u>`</u>		213,573
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	10	(0) 2000	(6/200/	32,140	181,423	213,573
10a	Gross income from interest, dividends,				32,140	101,423	213,373
	payments received on securities loans, rents, royalties and income from similar sources	18,851	29,195	38,360	37,256	35,814	159,476
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
¢	Add lines 10a and 10b	18,851	29,195	38,360	37,256	35,814	159,476
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					0	
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	-1,132	1,101	~5,803	1,464		-4;370
13	Total support. (Add lines 9, 10c, 11,	1					
	and 12)	17,729			70,860	217,237	368,679
14	First five years. If the Form 990 is for the		, second, third, for	irth, or fifth tax yea	r as a section 501	(c)(3)	. \Box
Sec	organization, check this box and stop here tion C. Computation of Public Su		tage				▶
15	Public support percentage for 2009 (line 8			- (f)		146	
16	Public support percentage from 2008 Scho		-	in (1))		15	57.93%
	tion D. Computation of Investme					16	20.05%
17	investment income percentage for 2009 (li			column (f)		147	42.9/
18	Investment income percentage from 2008		-	, commit (i))		17	43%
19a	33 1/3 % support tests—2009. If the orga	·	-	14 and line 15 ie	more than 33 1/2		83%
-	17 is not more than 33 1/3 %, check this b						▶ [
b	33 1/3 % support tests—2008. If the orga						- LJ
	line 18 is not more than 33 1/3 %, check the	his box and stop h	ere. The organizat	ion qualifies as a p	publicly supported	organization	▶ □
20_	Private foundation. If the organization did						▶ X

Schedule A (Form 990 or 990-EZ) 2009 Minn-Iowa Christian Broadcasting

Page 4

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.

Part III, Line 12 - Other Income Detail

Other Income

\$

-4,370

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part (V, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

2009
Open to Public Inspection

Name of the organization **Employer identification number** Minn-Iowa Christian Broadcasting 41-1699000 Foundation Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I 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) Aggregate grants from (during year) 3 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other Yes No purpose conferring impermissible private benefit? 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 Tax Year a Total number of conservation easements 2a 2b Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year 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 Yes No violations, and enforcement of the conservation easements it holds? 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 Yes No 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 9 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 conservation easements 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 2 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 Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

	dule D (Form 990) 2009 Minn-Iowa				<u> 1699000 </u>									
Pa	rt 别 Organizations Maintaining (Collections of Art,	Historical Trea	sures, or Oth	er Similar Assets	(continued)								
3														
а	Public exhibition	d 🗍 Loan	or exchange program	ms										
ь	Scholarly research e Other													
c														
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.													
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar													
Da	assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990. Part													
Pā	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21													
														
18	is the organization an agent trustee, custodian	or other intermediary to	or contributions or ot	her assets not										
	included on Form 990, Part X?					Yes No								
b	if "Yes," explain the arrangement in Part XIV ar	nd complete the following	g table											
						Amount								
C	Beginning balance				1c									
đ	Additions during the year				1d									
8	Distributions during the year		• •		18									
f	Ending balance				1f									
2a	Did the organization include an amount on Form	m 990. Part X. line 21?	•		<u> </u>	Yes No								
	If "Yes," explain the arrangement in Part XIV				•									
	ert V Endowment Funds. Comple	te if organization a	inswered "Yes"	to Form 990	Part IV line 10									
		(a) Current year	(b) Pnor year	(c) Two years bac		(e) Four years back								
4-	Resumpting of weet helenge	(4) (4)	(4)	(6) 11/6 /68/6 66/	(4) 11100 years bus	(c) roar yours back								
	Beginning of year balance			-										
b				<u> </u>										
C	Net investment earnings, gains,													
	and losses			ļ										
d	Grants or scholarships			·										
8	Other expenditures for facilities													
	and programs			<u> </u>										
f	Administrative expenses													
g	End of year balance													
2	Provide the estimated percentage of the year e	end balance held as												
а	Board designated or quasi-endowment ▶	%												
ь	Permanent endowment ▶ _ %													
С	Term endowment ▶ %													
3a	Are there endowment funds not in the possess	ion of the organization t	hat are held and adr	ministered for the										
	organization by	•				Yes No								
	(i) unrelated organizations					3a(i)								
	(ii) related organizations													
b	if "Yes" to 3a(ii), are the related organizations l	isted as required on Sci	nedulo D2			3a(li)								
4				•		3b								
	ert VI Investments—Land, Buildin			n Part Y line	10									
تىت	Description of investment	(a) Cost or other basis	(b) Cost or o			(d) Oneth and a								
	accompanies of arroganisms	(investment)	basis (othe	. ''	Accumulated	(d) Book value								
	Land	(Dasis (Other	···	lepreciation									
	Land													
	Buildings					· · · · · · · · · · · · · · · · · · ·								
	Leasehold improvements													
	Equipment		<u></u>			***								
	Other	204,93			132,596	72,335								
ota	1. Add lines 1a through 1e (Column (d) must equ	ual Form 990, Part X, co	olumn (B), line 10(c))	>	72,335								

hedule D (Form 990) 2009 Minn-Iowa Christi		41-1699000	Page
Part VII Investments—Other Securities. See Fo			
(a) Description of security or category	(b) Book value	(c) Method of	
(including name of security)		Cost or end-of-year	r market value
ancial derivatives			
sely-held equity interests		<u> </u>	
ner			
	- - 		
		 	
		 	
(A) 10 (A) 10 (A) 10 (B) 10 (B) 10 (B) 10 (B)	•		
al. (Column (b) must equal Form 990, Part X, col. (B) line 12) Part VIII Investments—Program Related. See F			
(a) Description of investment type	(b) Book value	(c) Method of	valuation
(a) Observation of investment () Po		Cost or end-of-year	r market value
		 	
			
		 	
		 	
		 	
		<u></u>	<u></u>
		<u> </u>	
stal. (Column (b) must equal Form 990. Part X, col. (B) line 13.)	•		
	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, li	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, li	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, li	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, li	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, li	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, li	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, li	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, li	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, li	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, li	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, li	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, li (a) Desc (a) Desc (b) Desc (b) Desc (c) Desc (d) Desc (d) Desc (e) Desc	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, li (a) Desc oxai. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X.	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, li (a) Description (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X (a) Description of hability	ne 15. Expression X, line 25.		(b) Book value
Part IX Other Assets. See Form 990, Part X, li (a) Description (b) must equal Form 990, Part X, coi (B) line 15) Part X Other Liabilities. See Form 990, Part X (a) Description of hability	ne 15. Expression X, line 25.		(b) Book value
Part IX Other Assets. See Form 990, Part X, li (a) Description (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X (a) Description of hability	ne 15. Expression X, line 25.		(b) Book value
Part IX Other Assets. See Form 990, Part X, li (a) Description (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X (a) Description of hability	ne 15. Expression X, line 25.		(b) Book value
Part IX Other Assets. See Form 990, Part X, li (a) Description (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X (a) Description of hability	ne 15. Expression X, line 25.		(b) Book value
Part IX Other Assets. See Form 990, Part X, li (a) Description (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X (a) Description of hability	ne 15. Expression X, line 25.		(b) Book value
Part IX Other Assets. See Form 990, Part X, li (a) Description (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X (a) Description of hability	ne 15. Expression X, line 25.		(b) Book value
Part IX Other Assets. See Form 990, Part X, li (a) Description (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X (a) Description of hability	ne 15. Expression X, line 25.		(b) Book value
otai. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part 2	ne 15. Expression X, line 25.		(b) Book value
Part IX Other Assets. See Form 990, Part X, li (a) Description (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X (a) Description of hability	ne 15. Expression X, line 25.		(b) Book value
Part IX Other Assets. See Form 990, Part X, li (a) Description (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X (a) Description of hability	ne 15. Expression X, line 25.		(b) Book value
Part IX Other Assets. See Form 990, Part X, li (a) Description (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X (a) Description of hability	ne 15. Expression X, line 25.		(b) Book value

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

Sche	duje D (Form 990) 2009 Minn-Iowa Christian Broadca	asting	41-1699000)	Page 4
Pa	at XI Reconciliation of Change in Net Assets from Form 99	0 to Audited	Financial Stateme	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	-		1	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	
3	Excess or (deficit) for the year Subtract line 2 from line 1		[3	
4	Net unrealized gains (losses) on investments			4	
5	Donated services and use of facilities			5	
6	Investment expenses		. [6	
7	Prior period adjustments	•	Ĺ_	7	
8	Other (Describe in Part XIV.)		<u>_</u>	8	···
9	Total adjustments (net) Add lines 4 through 8		L	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3			10	
Pa	nt XII Reconciliation of Revenue per Audited Financial Stat	ements With	Revenue per Reti	urn	
1	Total revenue, gains, and other support per audited financial statements		Ļ	1	
2	Amounts included on line 1 but not on Form 990, Part VIII line 12			- 1	
а	Net unrealized gains on investments	2a		-	
þ	Donated services and use of facilities	2b			
C	Recoveries of prior year grants	2c			
đ	Other (Describe in Part XIV)	_2d			
0	Add lines 2a through 2d			2e	
3	Subtract line 2s from line 1	, ,	. Д	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		1	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
þ	Other (Describe in Part XIV)	4b		1	
C	Add lines 4a and 4b		_	4c	
5			<u></u>	5	
P	rt XIII Reconciliation of Expenses per Audited Financial Sta	tements Wit	h Expenses per R	<u>etur</u>	<u>n</u>
1	Total expenses and losses per audited financial statements		ļ.	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.	1 - 1			l
а	Donated services and use of facilities	2a			
þ	Prior year adjustments	2b			
C	Other losses	2c			
đ		2d		_	
0	Add lines 2a through 2d		Ļ	20	
3	Subtract line 2e from line 1	f i		3_	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		İ		l
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			i de la companya de la companya de la companya de la companya de la companya de la companya de la companya de
b	·				i I
	Other (Describe in Part XIV)	4b			
С	Other (Describe in Part XIV) Add lines 4a and 4b			4c	
c 5	Other (Describe in Part XIV) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			4c 5	
5 Pa	Other (Describe in Part XIV) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) art XIV Supplemental Information	4b .	A Part IV Inno 1b		
5 Pa Com	Other (Describe in Part XIV) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) art XIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Par	4b			
5 Pa Com	Other (Describe in Part XIV) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) art XIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Par 2b, Part V, line 4; Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XII.	4b			
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Schedule D (Form 990) 200			nental Information (continued)							ın	Broadcasting							41-1699000											<u> 5</u>						
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SCHEDULE O

(Form 990)

Supplemental Information to Form 990

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

OMB No 1545-0047

Open to Public inspection

Department of the Treasury Internal Revenue Service Name of the organization

Foundation

Attach to Form 990. Minn-Iowa Christian Broadcasting

Employer identification number 41-1699000

Form 990, Part VI, Line 11a - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public