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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

benefit trust or private foundation)

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

OMB No 1545-0047 2009

Open to Public Inspection

A	For the 200	09 calendar y	year, or tax year begin	nning	, and ending				
	Check if applica							D Emple	oyer identification number
	Address chang	use IRS label or		CHRISTIAN TEL	EVISION CORP.	., INC.			
$\overline{\sqcap}$	Name change	print or	D D					59-	-1739036
\equiv	-	type		P O box if mail is not delivered to s	street address)		Room/suite	E Telepi	none number
닏	Initial return	See	P.O. BOX	6922				727	7-535-5622
\sqcup	Termination	Specific Instruc-	0.4 4	or country, and ZIP + 4				G Gross reco	eipts\$ 7,788,709
	Amended retur		CLEARWATE	R	FL 33758-692	2			
$\bar{\sqcap}$	Application per	nding F Nam	ne and address of princi	pal officer				H(a) Is this	a group return for
	. , , ,		EVILLE					affiliat	
		P.	O. BOX 692	!2				H(b) Are all	
			EARWATER	F:	L 33758-692	22		If "No,	attach a list (see instructions)
<u></u>	Tax-exempt				(a)(1) or 527	7		_	
<u>J</u>	Website.		CTNONLINE.	COM				H(c) Group	exemption number
	Type of organi		orporation Trust	Association Other		L	Year of formation 1	.977	M State of legal domicale FL
_₽	art i	Summa	ıry						
	1 Brie	fly describe	the organization's mi	ission or most significant a	activities				
ф	В	ROADCAS	T AND PRODUC	E CHRISTIAN TEL	EVISION PROG	RAMS.			
au									
er									
Activities & Governance	2 Che	ck this box I	If the organiza	ition discontinued its opera	ations or disposed of	more than 25	6% of its net ass	ets	
≪ಶ	3 Nun	nber of votin	g members of the go	overning body (Part VI, line	e 1a)			3	6
<u>ies</u>	4 Nun	nber of indep	pendent voting memb	pers of the governing body	y (Part VI, line 1b)			4	6
ĭ	5 Tota	ıl number of	employees (Part V, I	ine 2a)				5	72
Act	6 Tota	il number of	volunteers (estimate	: if necessary)				6	2
	7a Tota	ıl gross unre	lated business rever	nue from Part VIII, column	(C), line 12			7a	
_	b Net	unrelated bu	ısıness taxable ıncor	me from Form 990-T, line	34			7b	0
Revenue							Prior Ye		Current Year
Ja			nd grants (Part VIII, III		RECEIN	VED		8,189	1,059,411
9	1		e revenue (Part VIII, I	· ·	IVEOLI	()		3,589	6,705,295
%				(A), lines 3, 4, and 7d)	(0)	2010	3	6,555	24,003
<u> </u>				lines 5, 6d, 8c, 9c, 10c, a		ZU10 7.	6 74	2,960	7,788,709
				11 (must equal Part VIII, d		īā		1,293 6,710	135,714
2				irt IX, column (A), lines 1–	" OGDEN	J III	1.	6,710	133,714
			•	t IX, column (A), line 4) yee benefits (Part IX, colu			2 49	3,695	2,498,234
Expenses	15 Sala			= -	ımn (A), iines 5–10)		2,40	3,093	2,490,234
S E	h Tota		= :	X, column (A), line 11e)	224,4	158			
) X	17 Oth			column (D), line 25) ▶ , lines 11a–11d, 11f–24f)	224,4	.50	1 75	4,540	1,665,859
	" Oun	-		ust equal Part IX, column	(A) line 25)			4,945	4,299,807
	1	•	xpenses Subtract lin	•	(A), line 25)			6,348	3,488,902
5 %		Citac icas ci	tperises odbitaet iiii	C TO HOTH MILE 12			Beginning of Cu		End of Year
Net Assets or Fund Balances	20 Tota	ıl assets (Pa	ırt X, line 16)				30,21	2,997	33,628,320
t Ass	21 Tota	ıl lıabılıtıes (I	Part X, line 26)				8,28	4,108	8,325,379
Ş	22 Net	assets or ful	nd balances Subtrac	ct line 21 from line 20	`		21,92	8,889	25,302,941
P	art II	Signatu	re Block)				
	-	Under pena	ities of perjury, speciare	that I have examined this re	tim, including accompa	nying schedules	s and statements,	and to the be	st of my knowledge
		and belief, i	triffe correct and co	implete Declaration of prepar	rer (other than officer) is	based on all inf	ormation of which	preparer has	/
Sig	gn	~	, wood <u> </u>		•			8	17/10
He	re	Signati	ure of officer					Date	•
		NE	VILLE CHAN	KERSINGH		CFO			
		Type o	r print name and title	,					
_		Preparer's		. 11		Date	Check	ıf	Preparer's identifying number
Pa		signature	1 / Max	u lott		8/11	200 self- emplo	yed ▶	(see instructions) P00856299
	eparer's	F'	BEI	LA, HERMIDA,	HURN, STE	RTZER &		EIN D	59-2696685
Us	e Only	Firm's name of self-emplo	e (or yours	7 W REYNOLDS			· · · · · · · · · · · · · · · · · · ·	Phone	
		address, ar	,	NT CITY, FL		4			813-752-6183

X Yes

	CHRISTIAN TEI			59-1739036	Page 2
	Statement of Program scribe the organization's miss		nplishments		
BROADCA	AST AND PRODUC	E CHRISTIA	N TELEVISION P	PROGRAMS.	
2 Did the ord	ganization undertake any sig	nificant program serv	rices during the year which y	were not listed on	
the prior F If "Yes," de	orm 990 or 990-EZ? escribe these new services o	n Schedule O			Yes X No
services?	ganization cease conducting escribe these changes on So		changes in how it conducts,	any program	Yes X No
4 Describe t Section 50	he exempt purpose achiever	nents for each of the zations and section 4	1947(a)(1) trusts are require	program services by expenses d to report the amount of grants and reported	
AIRTIME OTHER)(Expenses \$ ED CHRISTIAN TI E FOR A VARIET 501(C)(3) ORGAI IAN LIVING.	ELEVISION I Y OF CHRIS' NIZATIONS V	TIAN PROGRAMS WHICH TEACH AN	PRODUCED BY ID ENCOURAGE	6,705,296
4b (Code CARING)(Expenses \$ FOR THE LESS		including grants of \$	61,232) (Revenue \$	
4c (Code) (Expenses \$		including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)								
	(Expenses \$	including grants of \$) (Revenue \$)				
4e	Total program service expenses ▶	3,237,974						

P	art IV Checklist of Required Schedules		-	
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			3,5
	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,"			v
10	complete Schedule D, Part IV	9		Х
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,	10	Λ	
• •	VII, VIII, IX, or X as applicable	11	х	
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI			
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 169 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 addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12		X
I2A	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			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	ا بیما		v
ı E	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		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	15		
	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	10		
-	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			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
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		X
20_	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Х
			000	

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 12 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			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
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? If "Yes," complete Schedule J	23		<u>X</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		<u>X</u>
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a				37
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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			v
	990-EZ? If "Yes," complete Schedule L, Part I	25b		<u>X</u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			v
	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 committee member, or to a person related to such an individual?	27		х
20	If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
a	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	20a		
þ	Schedule L, Part IV	28b		х
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a	200		
·	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c	х	
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			
	Schedule N, Part II	32		X
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		X
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	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		<u>X</u>
36	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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	
		Corm	. uun	(2000)

Pe	ift V Statements Regarding Other IRS Filings and Tax Compliance				T.,	l
12	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			F	Yes	No
1a	U.S. Information Returns. Enter -0- if not applicable	1a	4			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and rep	كتنب				
•	gaming (gambling) winnings to prize winners?	o, wbic		1c	x	Ī
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			1	1	
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	72			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	x	Ī
	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	l by				
	this return?	-		3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority	,			
	over, a financial account in a foreign country (such as a bank account, securities account, or other fina	ncıal				
	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 B	ank				
_	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 transacti			5b		Х
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regar	ding				
6-	Prohibited Tax Shelter Transaction?					
Va	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		х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	s or		_ Oa_		11
	gifts were not tax deductible?	3 01		6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for go	ods				
	and services provided to the payor?			7a	<u> </u>	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	3				
	required to file Form 8282?			7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a pe	rsonal				
	benefit contract?			7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	ct?		7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			<u>7g</u>	<u> </u>	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C	as				
	required?			7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			į		
	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.					
а	Did the organization make any taxable distributions under section 4966?			9a	1	
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
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					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	10417		12a		
<u>b</u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			L]	
				Forn	n 990	(2009)

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			
b	Enter the number of voting members that are independent 1b 6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	X	<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		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			
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	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?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11		Х
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			Í
а	The organization's CEO, Executive Director, or top management official	15a	х	
b	Other officers or key employees of the organization	15b		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			İ
	with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Sec	etion C. Disclosure			
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 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 ▶ NEVILLE CHANKERSINGH 6922 142ND AVE			
L	ARGO FL 33771 7	27-53	5-5	622

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) Check this box if the organization	(B)				C)			(D)	(E)	(F)
Name and Title	Average hours per			chec	k all t	hat a I <u>o</u> ≖	pply)	Reportable compensation	Reportable compensation	Estimated amount of
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	ormer	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
ROBERT D'ANDREA										
PRESIDENT	30.00	X		X				0	0	0
WAYNE WETZEL			ļ							
VICE PRESIDENT	2.50	X		X	_			0	0	0
REV JIMMY SMITH				l						_
TREASURER	2.50	X		X		ļ	ļ	0	0	0
VIRGINIA OLIVER	2 50	٦,		٠,,						•
SECRETARY SCOTT YOUND	2.50	X		X	_			0	0	0
DIRECTOR	2.50	$ \mathbf{x} $						o	0	0
BODIE D'ANDREA	2.30	┢		\vdash				0		
DIRECTOR	2.50	$ \mathbf{x} $						ol	ol	0
							r			

Part		, Directors, Trus	stee	s, Ke	у Е	mple	yees	s, ar	nd Highest Compensated	Employees (continued)			
	(A) Name and Title	(B) Average	Posi	ition (C) k all	that a	pply)	(D) Reportable	(E) Reportable	Es	(F) stimated	
	•	hours per week	or director		Officer	Key employee	Highest compensated employee			compensation from related organizations (W-2/1099-MISC)	com fr orga	nount of other pensation om the anization direlated anization	วก า I
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						-							
							<u> </u>				-		
•													
													<u> </u>
				_									
	otal							•					
	otal number of individuals (in- eportable compensation from				hose	e list	ed at	oove	e) who received more than \$	\$100,000 in			
												Ye	s No
€	Old the organization list any fo employee on line 1a? If "Yes,"	complete Sched	ule J	for	such	ındı	vidua	al	•			3	x
t	For any individual listed on line he organization and related or	e 1a, is the sum or ganizations grea	of rep ater t	oorta han :	ble (\$150	0,000 0,000	oensa)? If '	ation 'Yes	n and other compensation fi s," complete Schedule J for	rom such			x
5 [ndividual Did any person listed on line 1												x
	ervices rendered to the organ on B. Independent Contracto		corr	рец	e 50	neau	ne J	tor s	such person			<u> </u>	
1 (Complete this table for your five compensation from the organization	e highest compe	nsat	ed ır	ndep	ende	ent co	ontra	actors that received more th	nan \$100,000 of			
	Name and	(A) business address							Descrip	(B) Ition of services		(C) Compen) Isation
					_	_		-					
		 		_									
													
	otal number of independent of	ontractors (inclu	dina	but i	not l	ımıte	d to	thos	e listed above) who receive	ed			
	nore than \$100,000 in comper	· · · · · · · · · · · · · · · · · · ·	-						,			0 orm 99	0 (2009)
J, J											Г		- (£∪∪3

Total investment Total inves	Pa	<u>irt V</u>	用 Stater	nent of Reve	nue						
February			*					(A) Total revenue	function	business	excluded from tax under sections
Busin	ග ග	4-	Forderstad ear		4.				revenue		512, 513, or 514
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Second Part Company		4		•	-evemi	at bond n	roceeds	24,003			24,003
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Description			rtoyanaoo	(ı) Real		(II) F	Personal				
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c d All other revenue e Total. Add lines 11a–11d											
d All other revenue e Total. Add lines 11a–11d								-			
e Total. Add lines 11a–11d		_	All other reven	iue				·· <u> </u>		-	
		-					—				
	_				ns			7,788,709	6,705,295	0	24,003

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).

	All other organizations must o				•
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
_7b	8b, 9b, and 10b of Part VIII.	,	expenses	general expenses	expenses
1	Grants and other assistance to governments and	<u> </u>		1	
	organizations in the U.S. See Part IV, line 21	74,482	74,482	<u> </u>	
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	61,232	61,232		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the			1	
	U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				<u> </u>
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0 105 010	4 545 044	5.47, 000	40.445
7	Other salanes and wages	2,107,242	1,517,214	547,883	42,145
8	Pension plan contributions (include section 401(k)				
_	and section 403(b) employer contributions)	227 (40	100 500	AE E10	3 545
9	Other employee benefits	237,648 153,344	188,593	45,510	3,545
10	Payroll taxes	153,344	111,065	39,259	3,020
11	Fees for services (non-employees)				
a	Management	6,174	6,174		
b	Legal	40,370	40,370	+	
C	Accounting	40,370	40,370		
d	Lobbying				
e	Professional fundraising services See Part IV, line 17		· · · · · · · · · · · · · · · · · · ·		
T _	Investment management fees				
g 42	Other	9,907	5,854	4 053	
12 13	Advertising and promotion Office expenses	225,336	185,118	4,053 39,392	826
14	Information technology	29,188	25,410	3,778	<u> </u>
15	Royalties	23,100		3,775	
16	Occupancy	161,033	134,464	23,115	3,454
17	Travel	50,665	39,743	10,524	398
18	Payments of travel or entertainment expenses	30,000	357,15	10/021	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	13,186	13,186		
20	Interest	64,877		64,877	
21	Payments to affiliates	22,2.1			
22	Depreciation, depletion, and amortization	409,383	369,142	32,193	8,048
23	Insurance		,		
					·····
24	Other expenses Itemize expenses not	1		#	
	covered above (Expenses grouped together	1		1	
	and labeled miscellaneous may not exceed	1			
	5% of total expenses shown on line 25 below)				
а	TOWER LEASE - PROGRAM SVC	119,886	119,886		
b	TELETHON - FUND R	104,611			104,611
С	DIRECT TV SATELLITE EXPEN	77,730	77,730		
d	MUSIC SUPPLIES - PROGRAM	60,693	60,693		
e	DONOR PREMIUMS	51,321			51,321
f	All other expenses	241,499	207,618	26,791	7,090
25_	Total functional expenses. Add lines 1 through 24f	4,299,807	3,237,974	837,375	224,458
26	Joint costs. Check here				
	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
DAA	fundraising solicitation				Form 990 (2009)
					rorm 330 (2009)

	rt X		ore., ire.	1755050		
		,		(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing		1,355,105	1	1,486,501
	2	Savings and temporary cash investments		1,954,298	2	3,755,885
-	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		864,441	4	942,314
	5	Receivables from current and former officers, directors, ti	rustees, key			
		employees, and highest compensated employees. Comp	lete Part II of			
		Schedule L	Ĺ		5	
	6	Receivables from other disqualified persons (as defined	under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(I	B) Complete			
		Part II of Schedule L			6	
Assets	7	Notes and loans receivable, net		23,101,075	7	24,807,014
SS	8	Inventories for sale or use		8		
⋖	9	Prepaid expenses and deferred charges	[30,530	9	36,284
	10a	Land, buildings, and equipment cost or				
		other basis Complete Part VI of Schedule D	10a 10,696,407			
	b	Less accumulated depreciation	10ы 8,290,813	2,726,656	10c	2,405,594
- -	11	Investments—publicly traded securities		95,015	11	112,139
-	12	Investments—other securities See Part IV, line 11			12	
-	13	Investments—program-related See Part IV, line 11		13		
-	14	Intangible assets		14		
- -	15	Other assets See Part IV, line 11		85,877	15	82,589
	16	Total assets. Add lines 1 through 15 (must equal line 34	30,212,997	16	33,628,320	
-	17	Accounts payable and accrued expenses	38,550	17	17,331	
-	18	Grants payable	<u>[</u>		18	
-	19	Deferred revenue	į	164,827	19	225,832
- [:	20	Tax-exempt bond liabilities	Ł		20	
es	21	Escrow or custodial account liability Complete Part IV of	Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustee	s, key		1	
<u>ت</u> و ا		employees, highest compensated employees, and disqua	alified		1	
֝֡֞֞֞֞֞֞֞֞֞֞֞֞֡֡֡֡֡֡֡		persons Complete Part II of Schedule L	<u> </u>		22	
:	23	Secured mortgages and notes payable to unrelated third	parties	7,952,632	23	7,952,632
	24	Unsecured notes and loans payable to unrelated third pa	rties		24	
:	25	Other liabilities Complete Part X of Schedule D		128,099	25	129,584
	26_	Total liabilities. Add lines 17 through 25		8,284,108	26	8,325,379
es		Organizations that follow SFAS 117, check here $\triangleright X$	and		1	
Net Assets or Fund Balances		complete lines 27 through 29, and lines 33 and 34.	[1	
<u> </u>	27	Unrestricted net assets		21,928,889	27	25,302,941
m :	28	Temporarily restricted net assets			28	
ב ב	29	Permanently restricted net assets			29	
ᆲ		Organizations that do not follow SFAS 117, check her	re ▶ ∐		1	
6		and complete lines 30 through 34.			ŧ	
: E	30	Capital stock or trust principal, or current funds	<u> </u>		30	
Se	31	Paid-in or capital surplus, or land, building, or equipment			31	
AS	32	Retained earnings, endowment, accumulated income, or	other funds		32	
<u>e</u>	33	Total net assets or fund balances	<u> </u>	21,928,889	33	25,302,941
<u> </u>	34	Total liabilities and net assets/fund balances		30,212,997	34	33,628,320

Form **990** (2009)

Forn	n 990 (2009) CHRISTIAN TELEVISION CORP., INC. 59-1739036		Pa	ge 1 2
Pa	art XI Financial Statements and Reporting			<u>-</u>
	,		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			
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	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	I 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 X Consolidated basis Both consolidated and separate basis			
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?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

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

CHRISTIAN TELEVISION CORP., INC.

Employer identification number 59–1739036

Pi	art I	Reas	on for Public Charity	Status (All organization	s must	complet	te this	part.)	See ii	nstruc	tions.		
he	orga			e it is (For lines 1 through 11, c									
1	\Box	A church, co	nvention of churches, or ass	ociation of churches described	n section	170(b)(1)(A)(i).						
2			cribed in section 170(b)(1)(
3	П			ce organization described in sec	ction 170	'b)(1)(A)(i	ii).						
4	Ħ			d in conjunction with a hospital of			•	(1)(A)(ii	i) Enter	the ho	snital's name		
		city, and state						(-)(-)(-)	,,. _		opilar o marrio,		
5		•		of a college or university owned	or operate	ed by a do	vernme	ntal unit	describ	ed in			
•	ш		(b)(1)(A)(iv). (Complete Part		or operati	su by a go	Vermine	ntar unit	uescrit	eu III			
6			. ,, ,, ,, ,	overnmental unit described in s	action 17	0/6\/4\/A\	6.0						
7	Н							45					
•				substantial part of its support fro	om a gove	mmentari	uriit Or II	om me (generar	public			
			section 170(b)(1)(A)(vi). (C										
8 9	X			70(b)(1)(A)(vi). (Complete Part					,				
9	A			l) more than 33 1/3 % of its sup						-	SS		
		•		npt functions—subject to certain		• • •							
			-	nd unrelated business taxable in	•		,	from bu	isinesse	es			
			-	0, 1975 See section 509(a)(2).	, ,								
10	H	-		exclusively to test for public safe	•								
11	Ш			exclusively for the benefit of, to				-					
				ed organizations described in se						ection			
		·		he type of supporting organization				_		_			
_	\Box	a Type	<u> </u>	c Type III–Function	, ,		d		e III–Ot	her			
е	Ш			anization is not controlled direct				-					
				and other than one or more pub	olicly supp	onea orga	anization	s descr	bed in s	section			
		. ,, ,	section 509(a)(2)										
f		=		rmination from the IRS that it is	a Type I,	Type II, or	Type III	suppor	ing				
		•	check this box										
g				tion accepted any gift or contribu	ution from	any of the	•						
		following per											
			- · · · · · · · · · · · · · · · · · · ·	introls, either alone or together v	with perso	ns describ	ped in (ii)				Yes	No
			• • •	f the supported organization?							11g(ı)	├─	<u> </u>
			member of a person describ								11g(ıı)	Ь—	ļ
			ontrolled entity of a person of	** '							11g(III)	<u></u>	
h			following information about to	he supported organization(s)	T						ı		
(i)		e of supported anization	(ii) EIN	(iii) Type of organization	1 ' '	organization		ou notify		s the	(vii) Am		
	org	ariizatiori		(described on lines 1–9 above or IRC section	1 ,,	sted in your document?	col (I)	ization in of your	organızat (ı) organı	zed in the	supp	οπ	
				(see instructions))	ļ		sup			Şγ			
			-		Yes	No	Yes	No	Yes	No			
						1							
					 								
					-	 							
-													
					1								
nta	1				1	1			1		•		

5	Public support percentage from 2008 Schedule A, Part II, line 14
6a	33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box

1

box and stop here. The organization qualifies as a publicly supported organization

10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 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 organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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Page 3

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")	1,092,641	1,541,041	1,003,293	818,189	1,059,411	5,514,575
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the	1,032,041	1,341,041	1,003,233	020,203	2,000,111	
	organization's tax-exempt purpose	4,695,701	5,093,749	4,998,653	5,070,462	6,705,295	26,563,860
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	5,788,342	6,634,790	6,001,946	5,888,651	7,764,706	32,078,435
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	165,766	108,101	114,065	103,185	58,375	549,492
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year	4.65. 7.66	100 101	114.055		50.275	E40, 400
-	Add lines 7a and 7b	165,766	108,101	114,065	103,185	58,375	549,492
8	Public support (Subtract line 7c from line 6)						31,528,943
	tion B. Total Support lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	5,788,342	6,634,790	6,001,946	5,888,651	7,764,706	32,078,435
10a	Gross income from interest, dividends,	3,700,342	0,034,190	0,001,540	3,000,031	1,754,755	32/0/0/133
100	payments received on securities loans, rents, royalties and income from similar sources	38,272	75,508	14,408	36,553	24,003	188,744
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	38,272	75,508	14,408	36,553	24,003	188,744
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)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	5,826,614	6,710,298		5,925,204	7,788,709	32,267,179
14	First five years. If the Form 990 is for the organization, check this box and stop here	<u> </u>		th, or fifth tax year	as a section 501(c	:)(3) 	> _
Sec	tion C. Computation of Public Su				.		
15	Public support percentage for 2009 (line 8,	• • •	-	n (f))		15	97.71%
16	Public support percentage from 2008 Sche					16	97.34%
	tion D. Computation of Investme			(6)		47	1.0/
17	Investment income percentage for 2009 (II	• • • • • • • • • • • • • • • • • • • •	-	column (t))		17	1 % 1 %
18	Investment income percentage from 2008 33 1/3 % support tests—2009. If the orga			.14 and line 15 in	more than 33 1/2 0		1 /0
19a	17 is not more than 33 1/3 %, check this bo	ox and stop here .	The organization q	ualifies as a public	ly supported organ	ization	▶ [X
b	33 1/3 % support tests—2008. If the orgal line 18 is not more than 33 1/3 %, check the						▶ □
20	Private foundation. If the organization did						
20	ioanidation, ii tile organization did	OITOOK & DOX OF	· · · , · · · · · · · · ·	22, 3 3 BOX			

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

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, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 2009

Open to Public Inspection

Name	e of the organization		Employe	r identification number
C	HRISTIAN TELEVISION CORP., INC.		59-1	739036
	Organizations Maintaining Donor Advised Further the organization answered "Yes" to Form 990,	nds or Other Similar Funds or A	Account	s. Complete if
		(a) Donor advised funds	(b)	Funds and other accounts
1	Total number at end of year	(1, 22	<u> </u>	
2	Aggregate contributions to (during year)			·
3	Aggregate grants from (during year)			· .
4	Aggregate value at end of year	-		
5	Did the organization inform all donors and donor advisors in writing that	the assets held in donor advised		
•	funds are the organization's property, subject to the organization's exclu			☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor advisors in v			
	used only for charitable purposes and not for the benefit of the donor or	- -		
	purpose conferring impermissible private benefit?			Yes No
Pa	conservation Easements. Complete if the organization	anization answered "Yes" to Fori	m 990, I	Part IV, line 7
1	Purpose(s) of conservation easements held by the organization (check a		1	
	Preservation of land for public use (e.g., recreation or pleasure)	Preservation of an historically imp	ortant lan	d area
	Protection of natural habitat	Preservation of certified historic s	tructure	
	Preservation of open space	_		
2	Complete lines 2a through 2d if the organization held a qualified conser	vation contribution in the form of a conser	vation	
	easement on the last day of the tax year		 	
				Held at the End of the Tax Year
а	Total number of conservation easements		2a	
þ	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic structure inclu	ded in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/0		2d	
3	Number of conservation easements modified, transferred, released, ext	nguished, or terminated by the organization	on during	
	the taxable year ▶			
4	Number of states where property subject to conservation easement is lo			
5	Does the organization have a written policy regarding the periodic monit	oring, inspection, handling of		
	violations, and enforcement of the conservation easements it holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforci	ng conservation easements during the yea	ar	
-	7			
7	Amount of expenses incurred in monitoring, inspecting, and enforcing or	onservation easements during the year		
۰	Door cook consequence accompany reported on line 2(d) above extrate the	a requirements of costion		
0	Does each conservation easement reported on line 2(d) above satisfy the 170(b)(4)(R)(i) and section 170(b)(4)(R)(ii)?	requirements of section		Yes No
9	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easeme	nte in its revenue and expense statement	and	1es 140
3	balance sheet, and include, if applicable, the text of the footnote to the c	•		
	the organization's accounting for conservation easements	ngamzaton o manota otatemento trat del	30500	
Pa	Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" to		Similar	Assets.
12	If the organization elected, as permitted under SFAS 116, not to report in	·	t works of	
	art, historical treasures, or other similar assets held for public exhibition,			
	provide, in Part XIV, the text of the footnote to its financial statements th			
ь	If the organization elected, as permitted under SFAS 116, to report in its		orks of art.	
_	historical treasures, or other similar assets held for public exhibition, edu			
	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		>	<u> </u>
2	If the organization received or held works of art, historical treasures, or o	other similar assets for financial gain, prov	ide the	
	following amounts required to be reported under SFAS 116 relating to the	· · ·		
а	Revenues included in Form 990, Part VIII, line 1		•	\$
b	Assets included in Form 990, Part X		•	\$
	•			

Sche	edule D (Form 990) 2009 CHRISTIAN				739036	Page 2
Pź	art III Organizations Maintaining	Collections of Art, I	Historical Treas	sures, or Othe	r Similar Asset	s (continued)
3	Using the organization's acquisition, accession collection items (check all that apply)	, and other records, check	any of the following	g that are a signific	ant use of its	_
а	Public exhibition	d Loan o	r exchange program	ns		
b	H	e Other	r exonange program			
c	Preservation for future generations	o outer			-	
4	Provide a description of the organization's colle	ections and explain how th	ey further the organ	ization's exempt pi	urpose in	
5	During the year, did the organization solicit or reassets to be sold to raise funds rather than to b	eceive donations of art, hi	storical treasures, o	r other similar		☐ Yes ☐ No
Pa	ert IV Escrow and Custodial Arra	•			d "Yes" to Form	
	IV, line 9, or reported an am	•	•			,
1a	Is the organization an agent, trustee, custodian			er assets not		
	included on Form 990, Part X?	·				Yes No
b	If "Yes," explain the arrangement in Part XIV an	nd complete the following	table			
	•					Amount
С	Beginning balance				1c	
	Additions during the year				1d	
-	Distributions during the year				1e	
f	Ending balance				1f	
) 2a	Did the organization include an amount on Forr	m 000 Part Y line 212			["']	
	If "Yes," explain the arrangement in Part XIV	ii 550, rait X, line 21				☐ Yes ☐ No
	Endowment Funds. Comple	ete if organization ar	swered "Yes" t	o Form 990 P	art IV line 10	
	Endownent under compre	(a) Current year	(b) Prior year	(c) Two years back		ck (e) Four years back
12	Beginning of year balance	262,041	262,041	(0) 1110)0210 2201	(-, -, -, -, -, -, -, -, -, -, -, -, -, -	(0) 100 700 000
h	Contributions	202,042	202,011	·····		
						
·	Net investment earnings, gains, and losses					
						
	Grants or scholarships				···	
е	Other expenditures for facilities					
	and programs					
T	Administrative expenses	000 041	0.60, 0.41			
g	End of year balance	262,041	262,041			
2	Provide the estimated percentage of the year e	nd balance held as				
а	Board designated or quasi-endowment	%				
b	Permanent endowment ► _100.00 %					
	Term endowment ▶ %					
3a	Are there endowment funds not in the possessi	on of the organization tha	t are held and admi	nistered for the		
	organization by					Yes No
	(i) unrelated organizations					3a(i) X
	(ii) related organizations					3a(ii) X
b	If "Yes" to 3a(II), are the related organizations li	sted as required on Scheo	dule R?			3b
4	Describe in Part XIV the intended uses of the o					<u>-</u> .
Pa	ı <mark>rt VI Investments—Land, Buildir</mark>	igs, and Equipment	<u>t. See Form 99</u>	<u>0, Part X, line </u>	<u>10.</u>	
	Description of investment	(a) Cost or other basis	(b) Cost or oth	ner (c) A	ccumulated	(d) Book value
		(investment)	basis (other)		preciation	
1a	Land	128,413	341	,760		470,173
b	Buildings		1,000	,873	733,575	267,298
	Leasehold improvements		131	,852	131,852	
	Equipment		7,199		,001,379	1,197,704
	Other		1,894		,424,007	470,419
	I. Add lines 1a through 1e (Column (d) must equ	ıal Form 990, Part X, colu			•	2,405,594

Schedule D (Form 990) 2009 CHRISTIAN TELEVISIO	ON CORP., INC.	59-1739036	Page 3
Part VII Investments—Other Securities. See Form			_
` (a) Description of security or category	(b) Book value	(c) Method of valuation	1
(including name of security)		Cost or end-of-year market	value
Financial derivatives			
Closely-held equity interests			
Other	_		
	- <u>-</u>		
-			
	<u>-</u> —		
	- 		
 			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	>		
Part VIII Investments—Program Related. See For			
(a) Description of investment type	(b) Book value	(c) Method of valuation	
		Cost or end-of-year market	value
· · · · · · · · · · · · · · · · · · ·			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	<u> </u>		
Part IX Other Assets. See Form 990, Part X, line			
(a) Description	on	(b) Book value
		-	<u> </u>
			_
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)		•	
Part X Other Liabilities. See Form 990, Part X, li	ne 25		
1 (a) Description of liability	(b) Amount	T	
Federal income taxes	(2) :	-{	
ACCRUED SALARIES PAYABLE	72,252	5	
GIFT ANNUITY OBLIGATIONS	42,295		
REVOCABLE TRUST OBLIGATIONS	15,000		
SALES TAX	171		
EMPLOYEE P/R DEDUCTION	-134		
	15-	-	
		-[
		-[
		-	
		1	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	▶ 129,584	<u> 1</u>	
2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the		<u> </u>	

organization's liability for uncertain tax positions under FIN 48

	CUDIOMINI MELEVICION CODD	TNC E	1720026	
	dule D (Form 990) 2009 CHRISTIAN TELEVISION CORP IN XI Reconciliation of Change in Net Assets from Form		9-1739036	Page 4
1	Total revenue (Form 990, Part VIII, column (A), line 12)	ood to Addited 1 mai	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		7	
8	Other (Describe in Part XIV)		8	
9	Total adjustments (net) Add lines 4 through 8		9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines	3 and 9	10	
	rt XII Reconciliation of Revenue per Audited Financial St			
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains on investments	2a	i i	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	_
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:) [
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
Pa	rt XIII Reconciliation of Expenses per Audited Financial S	Statements With Exp	enses per Return	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIV)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		-	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b		
C	Add lines 4a and 4b		4c	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) <u></u>		
	rt XIV Supplemental Information			
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Pa			
	b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part	XIII, lines 2d and 4b Also	complete	
this p	art to provide any additional information			
				
	- 			
	- 			

Sch	edul	le D	(Fo	rm 9	90)	200	9	CI	HR:	IS'	ΓIZ	AN.	TI	ELI	EV:	IS:	\mathbf{IOI}	N (COE	RΡ.	,	IJ	۱C.			5	9-1	73	90:	36						Pa	ge 5
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SCHEDULE 1 (Form 990)

OMB No 1545-0047 2009 e X

Open to Public inspection ☐ Yes Employer identification number 59-1739036 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ▶ Attach to Form 990. INC General Information on Grants and Assistance CHRISTIAN TELEVISION CORP. the selection criteria used to award the grants or assistance? Department of the Treasury Internal Revenue Service Name of the organization Part !

Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Check this box if no one recipient received more than \$5,000 Use

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Part IV and Schedule I-1 (Form 990) if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant (e) Amount of non-cash assistance	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIFE CHALLENGE			46,258				OUTREACH MINISTRY
PHILLIP CAMERON MINISTRIES			680'6				SCHOOL FEES, SUPPLIE
GLOBAL OUTREACH			19,135				SCHOOL FEES, SUPPLIE
-							
2 Enter total number of section 501(c)(3) and government organizations	organizations						

Schedule I (Form 990) 2009

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

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age	
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Schedule (Form 990) 2009 CHRISTIAN TELEVISION CORP.	TELEVISION CORP	INC.	59-1739036	;	Page 2
Part III Grants and Other Assistance to Individuals in the Ur Use Part IV and Schedule I-1 (Form 990) if additional	ance to Individuals in the e I-1 (Form 990) if additio	• United States. Connal space is needed	nplete if the organiza	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Use Part IV and Schedule I-1 (Form 990) if additional space is needed	m 990, Part IV, line 22
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
UTILITY PAYMENTS	175	35,019			
RENT PAYMENTS	80	19,084			
MEDICAL & OTHER SUPPLIES	65	5,111			
CAR REPAIRS	3	2,018			
Part IV Supplemental Informatio	n. Complete this part to p	provide the information	on required in Part I,	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information	onal information

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Transactions With Interested Persons

► Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,

or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047 2009

Employer identification number

Open To Public Inspection

59-1739036 CHRISTIAN TELEVISION CORP., INC. Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (c) Corrected? 1 (a) Name of disqualified person (b) Description of transaction Enter the amount of tax imposed on the organization managers or disqualified persons during the year ▶ \$ under section 4958 ▶ \$ Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (e) In default? (f) Approved (g) Written (a) Name of interested person and purpose (b) Loan to (c) Original (d) Balance due by board or or from the principal amount agreement? organization? committee? Yes No Yes No Yes No Total ▶ \$ Part III Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27 (a) Name of interested person (b) Relationship between interested person and the (c) Amount and type of assistance organization

Part IV	Description of the	T		Interested Persons	
Part IV	HIISINESS	i ransactions	invoivina	Interested Persons	

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c

(a) Name of interested person	(b) Relationship between interested person and the	(c) Amount of transaction	(d) Description of transaction	(e) Si of o rever	hanng org nues?
	organization	İ		Yes	No
D'ANDREA ELECTRIC	OWNER/OFFICER	2,676	ELECTRICAL WORK		х
		·			

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

CHRISTIAN TELEVISION CORP., INC.

Employer identification number 59-1739036

FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS

BOB D'ANDREA

BODIE D'ANDREA

PRESIDENT

DIRECTOR

FAMILY RELATIONSHIP

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990 CFO REVIEWS FORM 990 AND PRESENTS IT TO THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

TOP MANAGEMENT AND CFO COMPENSATION IS APPROVED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION GOVERNING DOCUMENTS ARE MADE AVAILABE UPON REQUEST.

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Related Organizations and Unrelated Partnerships

▶ See separate instructions. ▶ Attach to Form 990.

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CHRISTIAN TELEVISION CORP.

OMB No 1545-0047

Open to Public 2009

Inspection

Employer identification number 59-1739036

(f) Direct controlling (f) Direct controlling CHRISTIAN CHRISTIAN CHRISTIAN entity entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year) (e)
Public charity status
(if section 501(c)(3)) (e) End-of-year assets _ -7 Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33 (d) Exempt Code section (d) Total income 501C3 501C3 501C3 (c)
Legal domicile (state
or foreign country) (c) Legal domicile (state or foreign country) Z 님 딥 IV MINISTR TV MINISTR TV MINISTR (b) Primary activity (b) Primary activity 59-2479249 59-2739480 11-3774691 27-0105951 (a)
Name, address, and EIN of related organization (a)Name, address, and EIN of disregarded entity CHRISTIAN TELEVIISION NETWORK, INC. CHRISTIAN TELEVIISION NETWORK, INC CHRISTIAN TV OF PENSACOLA.MOBILE, CHRISTIAN TV NETWORK OF IOWA, INC. 33758 33758 33758 딥 Ę PO BOX 6922 PO BOX 6922 PO BOX 6922 PO BOX 6922 CLEARWATER CLEARWATER CLEARWATER Part II Part

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

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Schedule R (Form 990) 2009

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TV MINISTR

56-2480722

CHRISTIAN TV NETWORK OF TALLAHASSEE

PO BOX 6922

CLEARWATER

CLEARWATER

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CHRISTIAN

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501C3

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TV MINISTR

Page 2 (J) General or managing partner? Yes No Schedule R (Form 990) 2009 Percentage ownership identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year) Code V—UBI amount in box 20 of Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Schedule K-1 (Form 1065) end-of-year assets Share of (h)
Disproportionate
alloc ? Yes No (g) Share of end-of-year Share of total income (f) Share of total income (C corp, S corp. Type of entity or trust) (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections
512-514) Direct controlling entity 9 59-1739036 (d) Direct controlling Legal domicife foreign country) (state or (c) Legal domicile (state or foreign country) INC Primary activity Primary activity CHRISTIAN TELEVISION CORP. Name, address, and EIN of related organization Name, address, and EIN of related organization Schedule R (Form 990) 2009 Part III Part IV DAA

Schedule R (Form 990) 2009

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Yes

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Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36) Part V

f this schedule	1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity
- - **b** Gift, grant, or capital contribution to other organization(s)
- c Gift, grant, or capital contribution from other organization(s)
 - d Loans or loan guarantees to or for other organization(s)
 - e Loans or loan guarantees by other organization(s)
- Sale of assets to other organization(s)

Purchase of assets from other organization(s)

- Exchange of assets
- Lease of facilities, equipment, or other assets to other organization(s)
- Lease of facilities, equipment, or other assets from other organization(s)
- Performance of services or membership or fundraising solicitations for other organization(s)
 - Performance of services or membership or fundraising solicitations by other organization(s)
- Shanng of facilities, equipment, mailing lists, or other assets
- Sharing of paid employees
- Reimbursement paid to other organization for expenses 0
- Reimbursement paid by other organization for expenses

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- q Other transfer of cash or property to other organization(s)
- r Other transfer of cash or property from other organization(s)

2 If the answer to any or	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	saction thresholds	
	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved
(1)	CHRISTIAN TELEVISION NETWORK (QUINC	a	697,569
(2)	CHRISTIAN TELEVISION OF PENSACOLA/M	æ	225,000
(3)	CHRISTIAN TELEVISION NETWORK (MISS	O.	307,020
(4)	VOLUNTEER CHRISTIAN TELEVISION	Q	62,063
(5)	VOLUNTEER CHRISTIAN TELEVISION	м	000'06
(6)	CHRISTIAN TELEVISION NETWORK (MACON	a	323,880

Schedule R (Form 990) 2009

59-1739036

Unrelated Organizations Taxable as a Partnership (Complete of the organization answered "Yes" to Form 990, Part IV, line 37) Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(h) General or managing partner?	Yes No						n 990) 2009
(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	_						Schedule R (Form 990) 2009
(f) Disproportionate allocations?	Yes No						
(e) Share of end-of-year assets	•						
Are all partners section 501(c)(3) organizations?	Š				 		
Are all se sold organi	Yes		 				
(c) Legal domicile (state or foreign country)							
(b) Primary activity							
(a) (b) (c) Name, address, and EIN of entity Primary activity Legal domicile (state or foreign country)							

SCHEDULE R-1	Continuatio	on Sheet for Sc	ion Sheet for Schedule R (Form 990)	(066		OMB No 1545-0047
(rorm 990)	► Attach to For (Form 990), Par	m 990 to list addıtion rt I; Part II; Part III; Paı	► Attach to Form 990 to list additional information for Schedule R (Form 990), Part I; Part II; Part III; Part IV; Part V, line 2; or Part VI.	ule R rt VI.		2009
Internal Revenue Service	eS. ▲	► See instructions for Schedule R (Form 990).	nedule R (Form 990).			inspection
Name of filing organization	CHRISTIAN TELEVISION CORP., IN	INC.		Employer iden 59-1739	Employer Identification number 59-1739036	
Part Continua	Continuation of Identification of Disregarded Entities					
Nam	(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
For Privacy Act and Paper DAA	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. DAA	.066			Schedule	Schedule R-1 (Form 990) 2009

Schedule R-1 (Form 990) 2009 CHRISTIAN TELEVISION CORP.,	INC. 5	59-1739036			Page 2
on of Identification of Related Tax-Exempt	Organizations				•
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state	(d) Exempt Code section	(e) Public charity status	(f) Direct controlling ·
		or foreign country)		(if section 501(c)(3))	entity
VOLUNTEER CHRISTIAN TV, INC 01-0629345 PO BOX 6922					
CLEARWATER FT 33758	TV MINISTR	NI	50103	7	CHRISTIAN
WEST COAST TELEVISION, INC 59-3093838					
CLEARWATER FL 33758	TV MINISTR	FL	50103	7	CHRISTIAN
CHRISTIAN TV NETWORK PALM BEACH CO. 59-3111862 PO BOX 6922	THE CALL	1	60.10	٢	NATHOLOHO
TV NETWORK, INC.					
FL 33758	TV MINISTR	GA.	501C3	7	CHRISTIAN
CHRISTIAN TV NETWORK, INC_(MISSOURI37-1541933 PO BOX 6922FI 33758	TV MINISTR	ΘW	501C3	7	CHRISTIAN
AAA				Schedule	Schedule R-1 (Form 990) 2009

Schedule R-1 (Form 990) 2009 Yes No managing partner? General or 9 Code V-UBI amount on box 20 of K-1 Disproportionate Yes No allocations? Share of end-of-year assets Share of total income Continuation of Identification of Related Organizations Taxable as a Partnership Predominant income (related, unrelated, excluded from tax under sections 512-514) Direct controlling entity (c)
Legal
domicile
(state or
foreign Primary activity 9 Name, address, and EIN of related organization Part III 1 ł δ

Page 3

59-1739036

Schedule R-1 (Form 990) 2009 CHRISTIAN TELEVISION CORP., INC.

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust	ted Organizations	Taxable as a	Corporation or	Trust			
a a	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entry (C corp., S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
						:	
			;				
DAA						Schedule R.	Schedule R-1 (Form 990) 2009

Page 4

59-1739036

Schedule R-1 (Form 990) 2009 CHRISTIAN TELEVISION CORP., INC.

Schedule R-1	Schedule R-1 (Form 990) 2009 CHRISTIAN TELEVISION CORP., INC. 59–1739036 Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)		Page 5
	(a) Name of other organization	(b) Transacton type (a-r)	(c) Amount involved
(7)	CHRISTIAN TELEVISION OF PALM BEACH	Q	58,515
(8)	CHRISTIAN TELEVISION OF PALM BEACH	R	125,000
(6)	CHRISTIAN TELEVISION OF TALLAHASSEE	a	271,423
(10)	CHRISTIAN TELEVISION NETWORK OF IOW	Q	491,417
(11)	CHRISTIAN TELEVISION NETWORK (QUINC	Q	547,585
(12)	WEST COAST TELEVISION	Q	90,332
(13)	WEST COAST TELEVISION	ĸ	150,000
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			
DAA		Sche	Schedule R-1 (Form 990) 2009

(a) Name addrass and FIN of entity		<u>.</u>					
Name andress and FIN of entity	(q)	(2)	(p)	(a)	ω	(6)	Ξ
ואמוופ, מעעופטט, מווע בווא טו פווווץ	Primary activity	Legal domicile (state or foreign	Are all partners	Share of end-of-year	Disproportionate allocations?	Code V—UBI amount on box	General or
		country)	section 501(c)(3) organizations?	assets		20 of K-1	partner?
			Yes No		Yes No		Yes No
		-					_
							_
		·					
		-					
	_				_		
					1		
							_