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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 Open to Public Inspection

A	For the	e 2009 calendar year, or tax year beginning and	d ending		
В	Check if applicable	Please use IRS		D Employer identif	ication number
Г	Addre chang	ss label or ANYEDDEDC THEOTOCICAL DECEADOU INCI	TTUTE		
בַ	Name Chang	type   n		<del> </del>	138444
	Initial return Termir	I Consultati	Room/suite	E Telephone number (423	
Ē	Ameno	ded tions to the state of the s	·	G Gross receipts \$	2,107,415.
	Applic			H(a) Is this a group i	
	pendir	F Name and address of principal officer: DARLENE ANKERBERG		for affiliates?	Yes X No
		6928 LEE HIGHWAY, CHATTANOOGA, TN 374	21	H(b) Are all affiliates in	cluded? Yes No
1	Tax-exe	empt status: X 501(c) ( 3 ) ◀ (insert no.) 4947(a)(1) or 527		If "No," attach a	a list. (see instructions)
J	Websit	te: ► HTTP://WWW.JOHNANKERBERG.ORG		H(c) Group exemption	on number
K	Form of	organization X Corporation Trust Association Other	L Year	of formation 1982	M State of legal domicile: TN
P	art I	Summary			
Governance	1	Briefly describe the organization's mission or most significant activities: $\underbrace{RELI}_{PROGRAMMING}$	GOUS/E	DUCATIONAL	TV
Ē	2	Check this box If the organization discontinued its operations or disposition	osed of more	than 25% of its net a	ssets
o Ve	3	Number of voting members of the governing body (Part VI, line 1a)		3	7
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)	•	4	5
Activities &	5	Total number of employees (Part V, line 2a)		5	55
ij	6	Total number of volunteers (estimate if necessary)		6	0
Ę	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	•-	7a	0.
•		Net unrelated business taxable income from Form 990-T, line 34		7b	
				Prior Year	Current Year
Φ	8	Contributions and grants (Part VIII, line 1h)		2,043,628.	2,088,033.
n L	9	Program service revenue (Part VIII, Inc. 2p).			
Revenue	10	Investment income (Part VIII, column (A), fines 3, 4, and 7d)		19,376.	
и.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		27,094.	
	12	Total revenue - add lines 8 through the firmust engan Part Viti column (A), line 12)		2,090,098.	2,088,591.
		Grants and similar amounts paid (Part IX, column (A), lines 3)	<u> </u>		
	14	Benefits paid to or for members (Part IX, column (A), line 4)	<u></u>		
es	15	Salaries, other compensation, employee benefits (Part IX, dolumn (A), lines 5-10)	<u> </u>	455,083.	485,278.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		······································	
Ř	b b	Total fundraising expenses (Part IX, column (D), line 25)   141, 4	03.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		1,656,730.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u> </u>	2,111,813.	
	19	Revenue less expenses. Subtract line 18 from line 12		<21,715.	
Net Assets or			Be	ginning of Current Year	End of Year
ASS8	20	Total assets (Part X, line 16)	·	1,074,347. 988,569.	1,200,333.
let /	21	Total liabilities (Part X, line 26)	-	85,778.	
P		Net assets or fund balances. Subtract line 21 from line 20 Signature Block		03,110.	200,774.
L <u>.</u>	2, 2, 11	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules a and complete. Declaration of preparer (other than officer) is based on all information of which preparer has	any knowledge.	and to the best of my knowled	dge and belief, it is true, correct,
Siç	าก	Varling (In Berkera		18/1	2/10
He	T I	Signature of officer		Date	
		DARLENE ANKERBERG, COMPTROLLER			•
		Type or print name and title		· · · · · · · · · · · · · · · · · · ·	
		Preparer's Date,			rer's identifying number
Pai			s/o set	ployed $\blacktriangleright$	isuucuons)
	parer's	Firm's name (or BARTO, HOSS & COMPANY, P.C.	<del>-</del>	EIN >	
ÜSU	Only	self-employed), 5751 UPTAIN ROAD, SUITE 100			
		address, and ZIP+4 CHATTANOOGA, TN 37411-4077		Phone no. ▶ (	423)855-0700
Ма	y the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No
932	001 02-0	4-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the s	eparate ins	tructions.	Form <b>990</b> (2009)

		NKERBERG THEOLOG		H INSTITUTE	62-1138444	Page 2
	<del></del>	ogram Service Accompli	shments			
1	Briefly describe the organize THE MISSION OF	ation's mission: `THE ANKERBERG T	HEOLOGICAL RI	ESEARCH INST	יוייעידי דא ייס	
		AND LISTENERS FO				
		ET EVANGELISM VI				
2	Did the organization underta	ake any significant program servi	ces during the year which	h were not listed on		
	the prior Form 990 or 990-E	Z?			Yes	X No
	If "Yes," describe these nev	v services on Schedule O.				
3	Did the organization cease of "Yes," describe these cha	conducting, or make significant o	hanges in how it conduc	ts, any program service	es?Yes	X No
4		se achievements for each of the	organization's three large	est program services by	expenses	
-	* * *	(4) organizations and section 49	=			
		tal expenses, and revenue, if any			·	
	·					
4a	,		including grants of \$	· · · · · · · · · · · · · · · · · · ·	(Revenue \$	)
		RBERG SHOW IS A W			<del></del>	
	PROGRAM WHOSE		MONSTRATE TH			
	THAT OUR VIEWE		IT FOR THEMS			
	EFFECTIVELY WI			· · · · · · · · · · · · · · · · · · ·	HIS APOLOGETIC	5
		NFORMAL DEBATES				C TAT
		AND DOCUMENTAR				S IN
		CH THE HISTORIC				70 7
	CONSEQUENCE TO THINKING AUDIE		S AND NON-CH		CH AND APPEAL '	ro A
	THINKING HODIE	INCE OF CHRISTIAN	B AND NON-Chi	KISIIANS ALI	I.V.E.	
				<del></del>		
4b	(Code )	(Expenses \$	including grants of \$		) (Revenue \$	)
	(0000	(2.150.1600 \$	more and graine or t		, (	,
				<u>.</u>		
				<del></del>		
						<u>_</u>
				<del></del>		<del></del>
4c	(Code: )	(Expenses \$	including grants of \$		) (Revenue \$	)
				- <u>-</u> -	<u> </u>	
	<del></del>					
	<del></del>					<del></del>
			<del> </del>			
		<u> </u>				
4d	Other program services. (D	escribe in Schedule O.)				_
	(Expenses \$	including grants of \$		Revenue \$	)	
_ <u>4e</u>	Total program service exp	penses ▶\$ 1,409	694.			00 (0000)

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines

. . . . . . . . .

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

located outside the United States? If "Yes," complete Schedule F, Part III

1c and 8a? If "Yes." complete Schedule G. Part II

complete Schedule G, Part III

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I

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

.. 18 X

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Form 990 (2009)

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Х

17

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Pa	t 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			ĺ
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	_	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			į
	Schedule J	23_		X
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			ĺ
	Schedule K. If "No", go to line 25	24a		X
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete		i	
	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	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			ļ
	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, Part IV			
	Instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was	ļ		
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			1
	contributions? If "Yes," complete Schedule M	30	L	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	1		1
-	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, 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> </u>	X
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	<u> </u>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		ì	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u> </u>	X
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	1

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• •	The state of the s	_	Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		763	140
	U.S. Information Returns. Enter -0- if not applicable	:		
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	Ī:		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	].		
-	(gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
-	filed for the calendar year ending with or within the year covered by this return 2a 55			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
ь	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and			
	Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b_	<u> </u>	Х
¢	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
	Tax Shelter Transaction?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	ĺ	l	,,
	any contributions that were not tax deductible?	6a	├	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	ł		<u> </u>
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	}	1	
а		7.	х	1
	provided to the payor?	7a 7b	X	<del>                                     </del>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	<del>''</del>	<del></del>	-
C	to file Form 8282?	7c		х
d	If "Yes," Indicate the number of Forms 8282 filed during the year		1	
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal		1	
•	benefit contract?	7e	]	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting 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	ļ	ļ <u>.</u>
9	Sponsoring organizations maintaining donor advised funds.	ŀ	1	
а	Did the organization make any taxable distributions under section 4966?	9a	<del> </del>	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	ļ	
10	Section 501(c)(7) organizations. Enter:	1		
а	Initiation fees and capital contributions included on Part VIII, line 12	1	1	
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1	1	
11	Section 501(c)(12) organizations. Enter:		1	
a	Gross income from members or shareholders	1	1	
Þ	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	1	1	
12~	amounts due or received from them.)	12a	†	1
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	120	<del> </del>	<b></b>
	ii 165, enter the amount of tax-exempt interest received of accided during the year	سيئ		

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		., 1	<del></del>
	Establic analysis of return and the assumption back.	7	Yes	No
	Enter the number of voting members of the governing body	5		
	Enter the number of voting members that are independent  Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	러		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	2	Х	
2	officer, director, trustee, or key employee?  Did the organization delegate control over management duties customarily performed by or under the direct supervision	-	Λ	
3	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		-		
7 a	governing body?	7a		X
h	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	1.5		
Ū	by the following:			
а	The governing body?	8a	Х	
	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		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)	, ,		
	The state of the decide of bigo one mornation about policies not required by the mornal nevertide code?		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
	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 filling the form?	11		X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a		12a	Х	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	Х	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this is done	12c	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
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.)		Į.	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		1	
	taxable entity during the year?	16a	ļ	X
Ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	ın joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b	<u> </u>	L
Sec	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE		<del></del> .	
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.	ole 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 fina	ancial	
	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 organi	zation:		
	DARLENE ANKERBERG - (423) 892-7722			
	6928 LEE HIGHWAY, CHATTANOOGA, TN 37421		200	(2000)

# 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	(C) Position						(D) Reportable	(E) Reportable	(F) Estimated	
Name and Title	hours	(cl	(check all tha					compensation	compensation	amount of	
	per week	Individual frustee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
JOHN ANKERBERG											
PRESIDENT	45.00	Х		Х	<u>L</u> _		Ĺ_	0.	70,600.	0.	
DARLENE ANKERBERG		Γ									
COMPTROLLER	45.00	X		<u> </u>				0.	57,941.	0.	
MAYRE LOU BOWMAN	1		ļ					_	_	_	
SECRETARY, BOARD MEMBER	1.00	X		X		_	ļ	0.	0.	0.	
DAN BOWDEN	1 00			1					o.	0	
BOARD MEMBER	1.00	X	<del> </del>	<del> </del> -	-	├		0.	0.	0.	
LARRY FOGO BOARD MEMBER	1.00	v						0.	0.	0.	
REV. REID HUGHES	1.00	^	-	$\vdash$		<del> </del>	$\vdash$				
BOARD MEMBER	1.00	$ _{\mathbf{x}}$				Ì		0.	0.	0.	
DON EBNER			1								
BOARD MEMBER	1.00	X	i					0.	0.	0.	
	-										
		T	T								

Form **990** (2009)

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 in compensation from the organization

				OLOGICAL	RESEARCH	INSTITUTE	62-1138	444 Page 9
,	t VI	Statement of Reve			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions, grifts, grants similar amounts not included in lines	nts, and ove	088,033.				÷
ပို့ န	h	Total. Add lines 1a-1f	·	<u> </u>	2,088,033 <u>.</u>			
Program Service Revenue	2 a b c			Business Code				
<u>ة</u>	f	All other program service revo	enue					
		Total. Add lines 2a-2f	·.	. •				
	3	Investment income (including other similar amounts)		. •	9,497.		<u> </u>	9,497.
	4 5	Income from investment of ta Royalties .	ex-exempt bond p	oroceeds -	7,575.			7,575.
		Gross Rents	(i) Real 2,310.	(ii) Personal	,,,,,,,,			
	c	Less: rental expenses Rental income or (loss)	18,824. <16,514.		<16,514.	>		<16,514.
	7 a	Net rental income or (loss) Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other	110/3111			
	c	and sales expenses Gain or (loss)						- - - -
		Net gain or (loss)		<u> </u>				
Other Revenue		including \$ contributions reported on line Part IV, line 18 Less: direct expenses	of		-	-		
0	c	Net income or (loss) from fun	draising events	<b></b>				
	9 a	Gross income from gaming a	ctivities. See					
		Part IV, line 19 Less: direct expenses Net income or (loss) from gar	a b ming activities					
	10 a	Gross sales of inventory, less and allowances     Less: cost of goods sold						
į		Net income or (loss) from sal	es of inventory	🕨		ļ		ļ
-		Miscellaneous Reven	ue	Business Code		1		les iin
	11 a					<del> </del>		<del> </del>
	t			<b></b>	<del>                                     </del>			<del> </del>
	•	All other revenue	·····					<del>                                     </del>
	e	Total. Add lines 11a-11d		<b>&gt;</b>				
	12	Total revenue. See instructions.			2,088,591.	0.	0.	558.
93200 02-04	9 -10							Form <b>990</b> (2009)

#### Part IX Statement of Functional Expenses

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

Grants and other assistance to powerments and organizations in the U.S. See Part IV, line 22		All other organizations must complete include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 3 Grants and other assistance to governments, organizations, and inclividuals outside the U.S. See Part IV, line 15 and 16 4 Benefits paul to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Campessation in tributed above, to disqualified persons (as defined under section 4958(IV)) and persons (as defined under section 4958(IV)) and persons (as defined under section 4958(IV)) and persons described in section 401(K) and section 403(k) employer contributions) 7 Other employee benefits 8 Payroll taxes 9 Cy 469 9 22,524 5,894 1,051 1 Fees for services (non-employees):	1	•				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16  4 Benefits pact to or for members Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of uncluded above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(1) and persons described in the described in the section 4958(f) and 11, 65, 62, 62, 62, 62, 62, 62, 62, 63, 62, 62, 63, 62, 62, 63, 62, 62, 63, 62, 63, 62, 63, 62, 63, 62, 63, 62, 62, 63, 62, 62, 63, 62, 63, 62, 63, 62,	2	Grants and other assistance to individuals in				·····
organizations, and individuals outside the U.S. See Part IV, lines 15 and 16  Benefits paul to or for members  Compensation of current officers, derectors, trustees, and key employees  Compensation and included above, to desqualified persons, (as defined under section 49580f(1)) and persons described in saction 4958(c)(3)(8)  Other employee benefits  Personal plan contributions (include section 401(k) and section 403(b) employer contributions)  Personal plan contributions (include section 401(k) and section 403(b) employer contributions)  Other employee benefits  Person plan contributions (include section 401(k) and section 403(b) employer contributions)  Personal transport of the section 403(b) employer contributions)  Personal transport of the section 403(b) employer contributions)  Personal transport of the section 403(b) employer contributions (include section 401(k) and section 401(k) and section 401(k) and section 401(k) and section 403(b) employer contributions (include section 401(k) and section 401(k	_					
See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation on tracticided above, to disqualified persons (as defined under section 4958(1)(1) and persons discorbined in section 4958(1)(1) and section 4058(1) employer contributions; Other employee benefits Payroll taxes 29, 469	J	_				
4 Benefits paut to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as offined under section 4958((r))) and persons described in section 4958((r)) and section 403(b) employer contributions) 9 Person plan contributions (include section 401(k) and section 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 10 Payroll taxes 10 Payroll taxes 11 Payroll taxes 11 Payroll taxes 11 Payroll taxes 12 Payroll taxes 11 Payroll taxes 11 Payroll taxes 12 Payroll taxes 12 Payroll taxes 13 Payroll taxes 14 Payroll taxes 15 Payroll taxes 16 Payroll taxes 16 Payroll taxes 17 Payroll taxes 17 Payroll taxes 17 Payroll taxes 18 Payroll taxes 19 Other 10 Payroll taxes 10		-				
5 Compensation of current officers, directors, trustees, and key employees 6 Compensation of uncluded above, to disqualified persons (as defined under section 4958((1))) and persons described in section 4958((1))) and section 403(b) employer contributions) 9 Other employee benefits 1 Pears for services (non-employees): 2 Payroll taxes 3 Other 4 Advertising and promotion 3 Office expenses 9 Other 1 Advertising and promotion 2 Professional fundrating services See Part IV, line 17 Investment management fees 9 Other 1 Advertising and promotion 2 Payroll taxes 3 Other 1 Advertising and promotion 3 Office expenses 4 Information technology 1 Advertising and promotion 3 Office expenses 5 Payments of travel or entertainment expenses for any foderal, state, or local public officials Conferences, conventions, and meetings 1 Travel 2 Payments of travel or entertainment expenses for any foderal, state, or local public officials Conferences, conventions, and meetings 1 Payments to affiliates 2 Payments to affiliates 2 Payments to affiliates 2 Payments to filiates 2 Payments to affiliates 3 Other Payments to affiliates 4 Payments to filiates 5 Payments to affiliates 5 Payments to affiliate Payments of travel or entertainment expenses for covered allowed expenses shown in line 2 following 5 Payments of travel or entertainment expenses for covered allowed expenses of the payments of the pa	4	·				.*
trustees, and key employees 6 Compensation not included above, to disqualified persons (see official under section 4958(r)(1)) and persons described in section 4958(r)(1)) and persons described in section 4958(r)(3)(8) 7 Other estalines and wages 8 Penson plan contributions (include section 401(k) and section 403(b) employer contributions) 9 Other employee benefits 9 Other employee benefits 10 Payroll taxes 17,882 17,						
6 Compensation not included above, to disqualified persons (as defined under section 4958(f(1))) and persons described in section 4958(p(1))) and section 493(b) employer contributions (include section 401(k) and section 493(b) employer contributions)  9 Other employee benefits  10 Payroll taxes  29,469. 22,524. 5,894. 1,051  11 Fees for services (non-employees):  a Management  b Legal  c Accounting  Professional fundraising services See Part IV, line 17  Investment management fees  9 Other  25,060. 28,863. 28,863.  17,882. 17,882.  17,882. 17,882.  17,882. 25,060.  25,060. 28,863. 28,863.  14,306. 14,306. 14,306.  16 Occupancy  17 Travel  18 Payments of travel or entertainment expenses for any federal, state, or local public officials of Insurance  19 Conferences, conventions, and meetings interest  10 Conferences, conventions, and meetings interest  11 Payroll taxes  25,060. 26,730. 26,730. 16,295  18 Payments of travel or entertainment expenses for any federal, state, or local public officials of Insurance  10 Conferences, conventions, and meetings interest  11 Payroll taxes  25,060. 26,730. 26,730. 26,730. 16,295  18 Payments of travel or entertainment expenses for any federal, state, or local public officials of the payments to affiliates  25,097. 22,132. 30,865.  29,776. 72,313. 19,597. 3,266  20 Depreciation, depletion, and amortization insurance  35,7749. 555,749. 555,749.  37,266  38 PRINTING & PUBLICATIONS  4 PRINTING & PUBLICATIONS  57,749. 555,749. 555,749.  57,749. 57,749. 57,749. 57,749.  57,749. 57,749. 57,749. 57,749.  57,749. 57,749. 57,749. 57,749. 57,749.  57,749. 57,74	5		128,541.	81,921.	21,545.	25,075
persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(8)  7 Other salances and wages and section 4958(c)(3)(8)  8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)  9 Other employee benefits  10 Payroll taxes  11 Fees for services (non-employees):  12 Management  13 Management  14 Legal  17,882.  17	6		220,0121	02,0020		20/010
persons described in section 4958(c)(3)(8) 7 Other salaries and wages 8 Penson plan contributions (include section 401(k) and section 403(k) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees): 12 Again Management 13 Legal 14 Lobbyring 15 Professional fundraising services See Part IV, line 17 Investment management fees 16 Other 17 Investment management fees 18 Other 18 Occupancy 19 Travel 19 Payronts of travel or entertainment expenses for any federal, state, or local public officials 20 Conferences, conventions, and meetings interest 19 Depreciation, depletion, and amortization insurance 21 Depreciation, depletion, and amortization insurance 22 Contract Services (or Sitting Payrons See Payroll Carlotte) 23 TV PRODUCTION 25 Total functional expenses 26 Again 13 1, 467. 27 Post Again 13 1, 467. 28 John 13 1, 467. 29 John 13 1, 467. 20 John 20 Jo	Ü					
327,268. 250,141. 65,460. 11,667  Persion plan contributions (include section 401(k) and section 403(b) employer contributions)  9 Other employee benefits  Persion plan contributions (include section 401(k) and section 403(b) employer contributions)  9 Other employee benefits  Persion services (non-employees):  a Management  b Legal  c Accounting  d Lobbying  e Professional fundrating services See Part IV, line 17  I Investment management fees  9 Other  Advertising and promotion  125,060. 28,863. 28,863.  10ffice expenses  57,726. 28,						
8 Pension plan contributions (include section 401(k) and section 405(h) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees): 12 Accounting 13 Legal 14 Lobbying 15 Pothers and promotion 16 Pothers and promotion 17 Investment management fees 17 Company 18 Pothers and promotion 19 Other and promotion 19 Other and promotion 19 Other and promotion 19 Corporation (and tabeled and tabeled ansierance) 19 Conferences, conventions, and meetings for any federal, state, or local public officials of threest interest and fillates 19 Conferences, conventions, and meetings 10 Interest 10 Conferences, conventions, and meetings 10 Interest 11 Peyments to affiliates 12 Payments to affiliates 13 Insurance 14 Other expenses. Itemize expenses not covered above (Expenses grouped together and tabeled miscallaneous may not exceed 4% of total expenses below) 10 To PRINTING & PUBLICATIONS 10 PRINTING & PUBLICATIONS 11 (1, 467) 54, 280 61, 356 15, 331 (2, 334) 58, 788 20, 948 41, 598	7	· · · · · · · · · · · · · · · · · · ·	327,268,	250,141,	65,460.	11,667.
and section 403(b) employer contributions) 9		· · · · · · · · · · · · · · · · · · ·	02.72001	200,222	00,2000	
9 Other employee benefits 10 Payroll taxes 11 Pees for services (non-employees): a Management b Legal c Accounting 17,882. 17,882. 17,882. 17,882.  18,982.  19,982.  10,100	Ü					
10   Payroll taxes   29,469.   22,524.   5,894.   1,051     11   Fees for services (non-employees): a Management b Legal	۵	· · · · · · · · · · · · · · · · · · ·				
## Fees for services (non-employees):  ## Advantagement  ## Degal  ## Caccounting  ## Caccoun	-		29,469,	22,524.	5,894.	1,051,
a Management b Legal c Accounting d Lobbying e Professional fundraising services See Part IV, line 17 f Investment management fees g Other 25,060. 25,060. 25,060. 30 Office expenses 1nformation technology 11,306.		· ·	20,2000		7,00	
b Legal						
Comparison of travel or entertainment expenses for any federal, state, or local public officials	_					**
d Lobbying e Professional fundratising services See Part IV, line 17 f Investment management fees g Other  12 Advertising and promotion 13 Office expenses 14,306. 28,863. 28,863. 14,306. 14,306. 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 10 Interest 11 Payments to affiliates 12 Depreciation, depletion, and amortization and survance 13 Insurance 14 Office expenses incluse expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) 1 TV PRODUCTION 1 TV PRODUCTION 2 PRINTING & PUBLICATIONS 1 PRINTING & PUBLICATIONS 2 POSTAGE & SHIPPING 1 BANK AND CREDIT CARD CH 2 CONTRACT SERVICES 4 All other expenses 4 All other expenses 5 Contract Services 4 All other expenses 5 Complete this line only if the organization reported in column (B) joint costs from a combined		- '	17,882.		17,882.	
Professional fundraising services See Part IV, line 17		*				
f   Investment management fees   g   Other		, - F			······································	
9 Other 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 19 Interest 10 Interest 10 Insurance 11 Payments to affiliates 12 Depreciation, depletion, and amortization 13 Insurance 14 Information technology 15 3, 460		- F				
Advertising and promotion   25,060 .   25,060 .     25,060 .		T				
13 Office expenses   57,726.   28,863.   28,863.       14 Information technology   14,306.       15 Royalities   53,460.   26,730.       16 Occupancy   53,460.   26,730.       17 Travel   65,180.   16,295.   32,590.   16,295     18 Payments of travel or entertainment expenses for any federal, state, or local public officials     19 Conferences, conventions, and meetings       10 Interest       12 Payments to affiliates       12 Depreciation, depletion, and amortization       18 Insurance       19 Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)       2 TV PRODUCTION       57 PATAGE & SHIPPING       18 BANK AND CREDIT CARD CH       2 BANK AND CREDIT CARD CH       18 ONTRACT SERVICES       3 All other expenses Add lines 1 through 24f       4 All other expenses       57,726.   28,863.       14,306.       14,306.       14,306.       14,306.       14,306.       14,306.       14,306.       14,306.       16,295.       32,790.       55.       55.       55.       55.       55.       57.726.       65,180.       16,295.       32,790.       55.       55.       55.       55.       55.       55.       55.       57.726.       65,180.       16,295.       32,590.       16,295.       32,790.       55.       55.       55.       55.       55.       55.       57.726.       65,180.       16,295.       32,790.       57.726.	_	· · · · · · · · · · · · · · · · · · ·	25,060.			25,060.
14 Information technology Royalties Cocupancy Cocupancy Travel Spyrments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Depreciation, depletion, and amortization and uncompant of the expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)  a TV PRODUCTION b PRINTING & PUBLICATIONS c POSTAGE & SHIPPING d BANK AND CREDIT CARD CH e CONTRACT SERVICES foliations and silves through 241 country and suppose the silve of the organization reported in column (8) joint costs from a combined  14,306. 16,295. 32,590. 16,295. 10,195. 1,560. 15,295. 10,196. 15,831. 15,831. 16,295. 17,201. 17,560. 17,		·		28,863.	28,863.	
15   Royalties		·				
16 Occupancy   53,460.   26,730.   26,730.       17 Travel   65,180.   16,295.   32,590.   16,295.     18 Payments of travel or entertainment expenses for any federal, state, or local public officials     19 Conferences, conventions, and meetings   55.   55.     20 Interest   52,997.   22,132.   30,865.     21 Payments to affiliates   59,925.   49,005.   9,360.   1,560.     22 Depreciation, depletion, and amortization   59,925.   49,005.   9,360.   1,560.     23 Insurance   95,176.   72,313.   19,597.   3,266.     24 Other expenses litemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)   555,749.   555,749.     a TV PRODUCTION   555,749.   555,749.     b PRINTING & PUBLICATIONS   131,467.   54,280.   61,356.   15,831.     c POSTAGE & SHIPPING   121,334.   58,788.   20,948.   41,598.     d BANK AND CREDIT CARD CH   65,299.   60,136.   5,163.     e CONTRACT SERVICES   43,779.   43,779.     f All other expenses   62,922.   52,732.   10,190.     25 Total functional expenses. Add lines 1 through 24f   1,907,595.   1,409,694.   356,498.   141,403.     65,180.						
17   Travel			53,460.	26,730.	26,730.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials  19 Conferences, conventions, and meetings  20 Interest  21 Payments to affiliates  22 Depreciation, depletion, and amortization  23 Insurance  24 Other expenses Remize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of lotal expenses shown on line 25 below)  2 TV PRODUCTION  2 TV PRODUCTION  3 TV PRODUCTION  4 PRINTING & PUBLICATIONS  5 POSTAGE & SHIPPING  4 BANK AND CREDIT CARD CH  6 CONTRACT SERVICES  7 All other expenses  6 2, 922 . 52, 732 . 10, 190 .  2 Insurance  1 1, 907, 595 . 1, 409, 694 . 356, 498 . 141, 403  2 Insurance  1 1, 560  2 9, 360 . 1, 560  2 9, 360 . 1, 560  3 1, 560  3 1, 560  3 1, 560  4 1, 560  5 1, 660  6 1, 356 . 15, 831  6 2, 929 . 60, 136 . 5, 163 .  6 2, 922 . 52, 732 . 10, 190 .  1 1, 907, 595 . 1, 409, 694 . 356, 498 . 141, 403  2 Insurance  2 Insurance  2 Insurance  3 1, 560  5 1, 560  5 2, 997 . 22, 132 . 30, 865 .  2 1, 560  3 1, 560  3 1, 560  3 1, 560  3 1, 560  3 1, 560  4 1, 560  5 1, 560  5 1, 560  6 1, 356 . 15, 831  6 2, 922 . 52, 732 . 10, 190 .  1 1, 907, 595 . 1, 409, 694 . 356, 498 . 141, 403  2 Insurance  3 1, 560  5 2, 997 . 22, 132 . 30, 865 .  2 1, 500  3 1, 560  3 1, 560  3 1, 560  3 1, 560  4 1, 560  5 1, 560  5 1, 560  5 1, 660  5 1, 660  6 1, 356  6 1, 35	17				32,590.	16,295.
for any federal, state, or local public officials Conferences, conventions, and meetings Interest Int			· · · · · · · · · · · · · · · · · · ·		·	
19 Conferences, conventions, and meetings Interest 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) 2a TV PRODUCTION 2b PRINTING & PUBLICATIONS 2c POSTAGE & SHIPPING 2d BANK AND CREDIT CARD CH 2e CONTRACT SERVICES 352,997. 22,132. 30,865.  37,960. 37,260  49,005. 9,360. 1,560  95,176. 72,313. 19,597. 3,266  255,749. 55		· · · · · · · · · · · · · · · · · · ·				
20   Interest	19		55.		55.	
21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) 25 a TV PRODUCTION 26 PRINTING & PUBLICATIONS 27 POSTAGE & SHIPPING 28 BANK AND CREDIT CARD CH 39 CONTRACT SERVICES 40 CONTRACT SERVICES 41 CONTRACT SERVICES 42 All other expenses 43 CONTRACT SERVICES 44 CONTRACT SERVIC		<b>_</b>	52,997.	22,132.	30,865.	
Depreciation, depletion, and amortization   1,560   9,360.   1,560	21	· · · · · · · · · · · · · · · · · · ·				
23 Insurance 95,176. 72,313. 19,597. 3,266 24 Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)  a TV PRODUCTION 555,749. 555,749.  b PRINTING & PUBLICATIONS 131,467. 54,280. 61,356. 15,831 c POSTAGE & SHIPPING 121,334. 58,788. 20,948. 41,598 d BANK AND CREDIT CARD CH 65,299. 60,136. 5,163. e CONTRACT SERVICES 43,779. 43,779. f All other expenses 62,922. 52,732. 10,190. 25 Total functional expenses. Add lines 1 through 24f 26 Joint costs. Check here  □ if following SOP 98-2. Complete this line only if the organization reported in column (8) joint costs from a combined	22	-	59,925.	49,005.	9,360.	1,560
24 Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)	23	·	95,176.	72,313.	19,597.	3,266
a TV PRODUCTION b PRINTING & PUBLICATIONS c POSTAGE & SHIPPING d BANK AND CREDIT CARD CH e CONTRACT SERVICES f All other expenses f All other expenses f All other expenses. Add lines 1 through 24f SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined  555,749. 51,409.	24	Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total				
b PRINTING & PUBLICATIONS c POSTAGE & SHIPPING d BANK AND CREDIT CARD CH e CONTRACT SERVICES f All other expenses f All other expenses f Total functional expenses. Add lines 1 through 24f SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined  131,467. 54,280. 61,356. 15,831 121,334. 58,788. 20,948. 41,598 65,299. 60,136. 5,163.  43,779. 43,779. 1,409,694. 356,498. 141,403			555 740	555 740		
c POSTAGE & SHIPPING d BANK AND CREDIT CARD CH e CONTRACT SERVICES f All other expenses  25 Total functional expenses. Add lines 1 through 24f  26 Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined	a				61 256	15 021
d BANK AND CREDIT CARD CH       65,299.       60,136.       5,163.         e CONTRACT SERVICES       43,779.       43,779.         f All other expenses       62,922.       52,732.       10,190.         25 Total functional expenses. Add lines 1 through 24f       1,907,595.       1,409,694.       356,498.       141,403         26 Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined       1,907,595.       1,409,694.       356,498.       141,403	b					
e CONTRACT SERVICES f All other expenses f All other expenses f All other expenses. Add lines 1 through 24f f All other expenses. Add lines 1 through 24f f All other expenses. Add lines 1 through 24f f All other expenses. Add lines 1 through 24f f All other expenses. Add lines 1 through 24f f All other expenses. Add lines 1 through 24f f All other expenses. Add lines 1 through 24f f All other expenses f	C					41,598
f All other expenses   62,922.   52,732.   10,190.     25   Total functional expenses. Add lines 1 through 24f   1,907,595.   1,409,694.   356,498.   141,403     26   Joint costs. Check here	d	<del></del>			3,103.	· · · · · · · · · · · · · · · · · · ·
25 Total functional expenses. Add lines 1 through 24f 1,907,595. 1,409,694. 356,498. 141,403 26 Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined	e				10 100	<del></del>
26 Joint costs. Check here   if following  SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined	-		1 907 505	1 100 601		1/1 //2
SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined			1,301,333.	1,703,034.	330,470.	141,403
reported in column (B) joint costs from a combined	20	- 1				
		· · · · · · · · · · · · · · · · · · ·				
		educational campaign and fundraising solicitation	1			

932010 02-04-10

Form **990** (2009)

Par	tΧ	Balance Sheet		<del></del> 1	Г — —
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	49,500.	1	199,156.
	2	Savings and temporary cash investments	1,042.	2	193.
	3	Pledges and grants receivable, net		3	
ł	4	Accounts receivable, net	2,148.	4	2,104.
Ì	5	Receivables from current and former officers, directors, trustees, key			
İ	-	employees, and highest compensated employees. Complete Part II	Į		
ł		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
		Part II of Schedule L		6	
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	21,133.	8	31,574. 8,937.
As	9	Prepaid expenses and deferred charges	10,861.	9	8,937.
		Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 1,696,6	73.		
	h	Less: accumulated depreciation 10b 811,6		10c	884,994.
	11	Investments - publicly traded securities		11	
- 1	12	Investments - other securities. See Part IV, line 11	16,366.	12	16,366.
	13	Investments · program-related. See Part IV, line 11		13	
	14	intangible assets .		14	
	15	Other assets. See Part IV, line 11	69,311.	15	57,009.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,074,347.		1,200,333.
	17	Accounts payable and accrued expenses	224,447.		248,123.
	18	Grants payable .		18	
Ì	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
<sub>s</sub>	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees			
ıbil		highest compensated employees, and disqualified persons. Complete Part			
Ë		of Schedule L	53,169.	22	29,618.
	23	Secured mortgages and notes payable to unrelated third parties	710,953.	23	29,618. 655,818.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	988,569.	26	933,559.
		Organizations that follow SFAS 117, check here X and comple	te		
တ္က		lines 27 through 29, and lines 33 and 34.	1		1
JCe	27	Unrestricted net assets	85,778.	27	266,774.
ala	28	Temporarily restricted net assets		28	
<b>B</b>	29	Permanently restricted net assets		29	
Ë	[ -	Organizations that do not follow SFAS 117, check here			
P		complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid in or capital surplus, or land, building, or equipment fund		31	
at A	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	85,778	-	266,774.
	34	Total liabilities and net assets/fund balances	1,074,347	34	1,200,333.

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

**Public Charity Status and Public Support** 

Department of the Treasury Internal Revenue Service 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

Part   Reason for Public Chartly Status (Air organization must complete the 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 of churches of the part (See instructions).   A church, convention of churches, or association of churches of churches of the part (See instructions).   A church, convention of churches, or association of churches of the part (See instruction).   A church, convention of churches, or association of churches of the part (See instruction).   A church, convention of churches, or association of churches or section 170(b)(1)(A)(ii).   A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(ii).   A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(ii).   A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(ii).   A norganization organization operated in conjunction with a hospital described in section 170(b)(1)(A)(ii).   A norganization that normally receives a substantial part of its support from a governmental unit described in section 170(b)(1)(A)(ii).   A norganization 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)(ii).   A norganization that normally receives: (1) more than 33 1/3% of its support from a gress investigate for a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(ii).   A norganization that normally receives: (1) more than 33 1/3% of its support from gress investigated organization that normally receives: (1) more than 33 1/3% of its support from gress investigated in section 50(e)(a).   A norganization organization organization organization advantage in section 50(e)(a).   A norganization organization organization organization advantage in section 50(e)(a).	Name of t	the organizat	ion						E	Employer i	dentificati	on nu	mber
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10		income and i	unrelated business ta	axable income (less sec	tion 511 ta	x) from bu	sinesses a	acquired b	y the org	anızatıon a	fter June 3	0, 197	'5 <b>.</b>
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a Type I b Type II c Type III - Functionally integrated d Type III - Other 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 II, or Type III supporting organization, check this box  g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?  (ii) A family member of a person described in (i) above?  (iii) A 35% controlled entity of a person described in (i) or (ii) above?  (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))  (iv) Is the organization in colifunction organization in colifunction (i) organization in colifunction organization in colifunction (i) organization in colifunction in the organization in the organiz		more publicly	supported organiza	ations described in secti	on 509(a)(	1) or section	n 509(a)(2	?). See <b>se</b> c	tion 509	(a)(3). Chec	ck the box	that	
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supporting organization, check this box  Gince August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?  (ii) A family member of a person described in (i) above?  (iii) A 35% controlled entity of a person described in (i) of organization (described on lines 1-9 above or IRC section (see instructions))  (iii) EIN  (iii) Type of organization (described in lines 1-9 above or IRC section (see instructions))  (iv) Did you notify the organization in colicity organization in colicity organization in colicity overning document?  (ii) of your support?  (iv) Did you notify the organization in colicity organization in colicity organization in colicity overning document?  (iv) Did you notify the organization in colicity organization in colicity organization in colicity overning document?  (iv) Is the organization in colicity organization in colicity organization in colicity overning document?  (iv) Is the organization in colicity organization in colicity overning document?  (iv) Is the organization in colicity organization in colicity organization in colicity overning document?  (iv) Is the organization in colicity o		foundation m	nanagers and other t	han one or more publicl	y supporte	d organiza	tions des	cribed in s	ection 50	9(a)(1) or s	ection 509	(a)(2).	
Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?  (ii) A family riember of a person described in (i) above?  (iii) A 35% controlled entity of a person described in (i) or (ii) above?  h Provide the following information about the supported organization (described on lines 1-9 above or IRC section (see instructions))  (iii) Name of supported organization (described on lines 1-9 above or IRC section (see instructions))  (iv) Is the organization in col (i) of your support?  (iv) Did you notify the organization in col (i) organization	f	If the organiz	ation received a writ	ten determination from	the IRS tha	atıtısa Ty	pe I, Type	II, or Type	e III				
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?  (ii) A family member of a person described in (i) above?  (iii) A 35% controlled entity of a person described in (i) or (ii) above?  (i) Name of supported organization organization  (ii) EIN  (iii) Type of organization described in lines 1-9 above or IRC section (see instructions))  (iii) Type of organization in colice (ii) described on lines 1-9 above or IRC section (see instructions))  (iv) Is the organization in colice (ii) of your support?  (iii) of your support?  (iv) Did you notify the organization in colice (ii) of your support?  (iv) Is the organization in colice (ii) of your support?  (iv) Is the organization in colice (ii) of your support?  (iv) Is the organization in colice (ii) of your support?  (iv) Is the organization in colice (ii) of your support?  (iv) Is the organization in colice (ii) of your support?  (iv) Is the organization in colice (ii) of your support?  (iv) Is the organization in colice (ii) of your support?  (iv) Is the organization in colice (ii) of your support?  (iv) Is the organization in colice (ii) of your support?  (iv) Is the organization in colice (ii) of your support?  (iv) Is the organization in colice (iii) of your support?  (iv) Is the organization in colice (iii) of your support?  (iv) Is the organization in colice (iii) of your support?  (iv) Is the organization in colice (iii) of your support?  (ivi) Is the organization in colice (iii) of your support?  (ivi) Is the organization in colice (iii) of your support?  (ivi) Is the organization in colice (iii) of your support?  (ivi) Is the organization in colice (iii) of your support?  (ivi) Is the organization in colice (iii) of your support?  (ivi) Is the organization in colice (iii) of your support?  (ivi) Is the organization (iii) of your support?  (ivi) Is the organization (iii) of your support?  (ivi) Is the organization (iii) of your support?  (iv			=			-							<u> </u>
the governing body of the supported organization?  (ii) A family member of a person described in (i) above?  (iii) A 35% controlled entity of a person described in (i) or (ii) above?  Provide the following information about the supported organization(s).  (ii) Name of supported organization (described on lines 1-9 above or IRC section (see instructions))  (see instructions))  Total	g	Since Augus	t 17, 2006, has the c	organization accepted a	ny gift or c	ontribution	from any	of the foll	owing per	rsons?			
(ii) A family member of a person described in (i) above?  (iii) A 35% controlled entity of a person described in (i) or (ii) above?  h Provide the following information about the supported organizations.  (i) Name of supported organization (described on lines 1-9 above or IRC section (see instructions))  Yes No Yes No Yes No  Total		(i) A perso	n who directly or ind	irectly controls, either a	lone or tog	ether with	persons c	lescribed :	n (iı) and	(iII) below,		Yes	No
(iii) A 35% controlled entity of a person described in (i) or (ii) above?  Provide the following information about the supported organization(s).  (i) Name of supported organization (ii) EIN  (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))  (iv) Is the organization (v) Did you notify the organization in col (ii) organization in col (ii) organization in the US?  Yes No Yes No Yes No  Total		the gov	erning body of the si	upported organization?						•	11g(i)		
h Provide the following information about the supported organization (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))  Total		(ii) A family	rnember of a persor	n described in (i) above?	?					•	11g(ii)		<u> </u>
(ii) Name of supported organization organization (described on lines 1-9 above or IRC section (see instructions))  (iii) FIN  (iii) Type of organization organization (described on lines 1-9 above or IRC section (see instructions))  (iv) Is the organization in col (ii) insted in your governing document?  (vi) Is the organization in col (ii) organized in the U.S.?  (vii) Amount of support  (vii) Amount of support  (viii) Amount of support  (viii) Amount of organization in col (iv) organized in the U.S.?  (viii) Amount of support  (viii) Amount of organization in col (iv) organized in the U.S.?  (viii) Amount of organization in col (iv) organized in the U.S.?  (viii) Amount of organization in col (iv) organized in the U.S.?  (viii) Amount of organization in col (iv) organized in the U.S.?		(iii) A 35%	controlled entity of a	person described in (i)	or (ii) abovi	e?					11g(iii)	LI	L
organization (described on lines 1-9 above or IRC section (see instructions))  Total	h	Provide the f	ollowing information	about the supported or	rganızatıon	(s).							
organization (described on lines 1-9 above or IRC section (see instructions))  Total													
organization (described on lines 1-9 above or IRC section (see instructions)) Yes No Yes No Yes No  Total	(i) Name	of supported	(ii) EIN	1 1 1 1 1							(vii) An	nount o	f
Total	orga	anization							(i) organı	zed in the	sup	port	
Total				above or IRC section		,							
				(see instructions))	Yes	No	res	No	Yes	No			
										1 1			
			<u> </u>		<del> </del>				<u> </u>	╅──╁			
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	Total		1				,			1 1			
		Privacy Act ar	d Paperwork Redu	ction Act Natice see t	he Instruc	tions for		<u> </u>	Schedu	le A (Form	990 or 99		2000

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Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009 ANKERBERG THEOLOGICAL RESEARCH INSTITUTE 62-1138444 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar 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 1299824. 2043628. 2088033. 7868577. 1191128. 1245964. 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 1191128. 1245964. 1299824. 2043628. 2088033. 7868577. 4 Total. Add lines 1 through 3 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. 669,186. column (f) 7199391. 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (d) 2008 (a) 2005 (b) 2006 (c) 2007 (e) 2009 (f) Total 1191128.  $\overline{1245964}$ 1299824. 2043628 2088033. 7868577. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 27,550. 30,433. 27,172. 58,374. 17,072. 160,601. and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) 8029178. 11 Total support. Add lines 7 through 10 12 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 89.67 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 % 93.52 15 15 Public support percentage from 2008 Schedule A, Part II, line 14 % 16a 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 and  $\triangleright X$ stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 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 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 organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 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

PE	rt III Support Schedule for (	Organizations	Described in	Section 509(a	)(2) (Complete onl	y if you checked the l	oox on line 9 of Part I )
	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")			<u> </u>	<del> </del>	<del> </del>	<del> </del>
2	Gross receipts from admissions,	1	ĺ				
	merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the		ł	1			
_	organization's tax-exempt purpose		<u> </u>	<del></del>	<del> </del>	<del> </del>	<del> </del>
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
				<del> </del>	<del></del>	<del></del>	<del></del>
4	Tax revenues levied for the organization's benefit and either paid to	}		Ì	ļ		
	or expended on its behalf				1		
5	The value of services or facilities				<u> </u>	<del></del>	<del> </del>
•	furnished by a governmental unit to			1			1
	the organization without charge		-				
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received			ļ			
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year	ļ		ļ	<u> </u>	<del></del>	<u> </u>
	Add lines 7a and 7b		·····	<u> </u>	<del>                                     </del>		
	Public support (Subtract line 7c from fine 6)	<u> </u>		<u> </u>			<u> </u>
	ction B. Total Support	(10005	41,000	430007	4 7 8000	1 1 1 1 1 1 1 1	107.1
	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6 Gross income from interest,					<del> </del>	<del></del>
100	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income			<del> </del>			<del>                                     </del>
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975				1		
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is		}	}			
	regularly carned on					<u></u>	
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part IV.)				<del> </del>	ļ	
	Total support (Add lines 9, 10c, 11, and 12)		l		<u> </u>	<u> </u>	
14	First five years. If the Form 990 is fo	r the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organ	ızatıon, ▶ ┌──
500	check this box and stop here ction C. Computation of Publ	io Support Do	roomtogo		<del></del>	· - · ·	
	Public support percentage for 2009 (			noluma (fi)		15	%
	Public support percentage from 2008	• • • • • • • • • • • • • • • • • • • •	•	column (i))	••	16	
-	ction D. Computation of Inve					1.0	
17	Investment income percentage for 20				<del></del>	17	%
18	Investment income percentage from	•	•	(7)		18	%
	33 1/3% support tests - 2009. If the			on line 14, and line	e 15 is more than	<b>'</b>	
	more than 33 1/3%, check this box a	_					▶□
b	33 1/3% support tests - 2008. If the						and
	line 18 is not more than 33 1/3%, che	-					. —
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check ti	his box and see in	structions	▶□
					Sc	hedule A (Form 9	90 or 990-E <b>Z)</b> 2009

#### Schedule D (Form 990)

Supplemental Financial Statements
► Complete if the organization answered "Yes," to Form 990,

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

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. ▶ See separate instructions.

Name	e of the organization ANKERBERG THEOLOGI		Employer identification number 62-1138444			
Do	· · · · · · · · · · · · · · · · · · ·					
Par			or Accou	its. Complete if the		
	organization answered "Yes" to Form 990, Part IV, lin	(a) Donor advised funds	(b) Fund	ds and other accounts		
		(a) Donor advised funds	(0) ( 0)	as and other abouting		
1	Total number at end of year					
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		d tunds			
	are the organization's property, subject to the organization's			Yes N		
6	Did the organization inform all grantees, donors, and donor a					
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose c	onterring			
	Impermissible private benefit?			Yes N		
Par			art IV, line 7.	· · · · · · · · · · · · · · · · · · ·		
1	Purpose(s) of conservation easements held by the organizat					
	Preservation of land for public use (e.g., recreation or					
	Protection of natural habitat	Preservation of a certification	ied historic s	structure		
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form o	f a conserva	tion easement on the last		
	day of the tax year.		f1			
				Held at the End of the Tax Yea		
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b	<del> </del>		
C	Number of conservation easements on a certified historic st	ructure included in (a) ,	2c			
d	Number of conservation easements included in (c) acquired	after 8/17/06	2d			
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	organızatıon	during the tax		
	year ▶					
4	Number of states where property subject to conservation ea	asement is located -				
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of				
	violations, and enforcement of the conservation easements			Yes N		
6	Staff and volunteer hours devoted to monitoring, inspecting	, and enforcing conservation easements du	ring the yea	· <b></b>		
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during t	the year 🕨 🤄	S		
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(h	n)(4)(B)(i)			
	and section 170(h)(4)(B)(ii)?			Yes N		
9	In Part XIV, describe how the organization reports conservation	tion easements in its revenue and expense	statement, a	ind balance sheet, and		
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes t	he organizat	ion's accounting for		
	conservation easements.					
Pat	t III Organizations Maintaining Collections	of Art, Historical Treasures, or Ot	her Simil	ar Assets.		
	Complete if the organization answered "Yes" to Form	n 990, Part IV, line 8.				
1a	If the organization elected, as permitted under SFAS 116, no	ot to report in its revenue statement and ba	lance sheet	works of art, historical		
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of pub	lic service, p	provide, in Part XIV, the text		
	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	e sheet wor	ks of art, historical treasure:		
	or other similar assets held for public exhibition, education,					
	these items:					
			. ▶:	\$		
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> :	\$		
2	If the organization received or held works of art, historical tri					
_	the following amounts required to be reported under SFAS		J, P. 0 1 10			
а	D 1 1 1 5 5 000 D 13/88 b 14	-	<b>•</b>	\$		
	Assets included in Form 990, Part X		•	\$		
Ŋ	Assets included in Form 330, Fall A		-	¥		

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

Schedule D (Form 990) 2009

Sched	dule D (Form 990) 2009 ANKERBE	RG THEOLOG	ICAL	RESEA	RCH IN	STIT	UTE 62	2-113	38444	. Pa	ge <b>2</b>
Par	t # Organizations Maintaining C	ollections of A	rt, Hist	torical Tre	easures, c	or Othe	er Similar	<b>Asset</b>	S (conti	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the	following tha	at are a s	ignificant use	e of its c	ollection	ı ttems	3
	(check all that apply):										
а	Public exhibition	d	ı 🔲 i	Loan or excl	hange progra	ams					
b	Scholarly research e Other										
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how th	ey further th	ne organizati	on's exe	mpt purpose	in Part	XIV.		
5											
	to be sold to raise funds rather than to be maintained as part of the organization's collection?										
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if org	anization an	swered "Ye	s" to For	m 990, Part I	IV, line 9	, or		
<del></del>	reported an amount on Form 990, Par		_								
1a	Is the organization an agent, trustee, custodi	an or other intermed	dary for	contribution	s or other as	sets not	t included				
	on Form 990, Part X?		·						Yes		No
	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowina 1	table:							
	• • • • • • • • • • • • • • • • • • •	ŗ	J						Amount		
С	Beginning balance						1c				
	Additions during the year				• •		1d				
	Distributions during the year				••		1e				
f	Ending balance	• •	•	•	•		1f				
	Did the organization include an amount on Fe	orm 990. Part X. line	212				, ,		Yes	$\Box$	No
	If "Yes," explain the arrangement in Part XIV.					٠		. —			,
Par			swered	'Yes" to Fo	rm 990. Part	IV. line	10.				
13.554	2 Indotation and Complete	(a) Current year	T	nor year	(c) Two year		(d) Three year	rs back	(e) Four	vears	hack
12	Reginning of year balance	(a) Content year	(5)	rior year	(6) 1110 )00	13 Duon	(a) moc you	13 Odok	10/100	<u> </u>	<u> </u>
	Beginning of year balance				· 4,····	4	<del></del>	<del></del>		-1111	<del>** **</del>
b	Contributions		<del> </del>		<u> </u>				······		
Ç	Net investment earnings, gains, and losses		<del>                                     </del>				<del>,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	<del>,,, ,,,,</del> †	*****	<del></del>	*** *****
a	Grants or scholarships		}		ļ						
е	Other expenditures for facilities		Ì								
_	and programs		ļ <u>.</u>		ļ					<del>~~~~</del>	
	Administrative expenses .					<del> </del>		····	<del>/</del>		
9	End of year balance		<u> </u>		<u> </u>	···		1			
2	Provide the estimated percentage of the year	r end balance held a									
а	Board designated or quasi-endowment		%								
	Permanent endowment	%									
		%				-					
За	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	ind administ	ered for	the organizat	lon	Г		
	by:									Yes	No
	(i) unrelated organizations	•				-			3a(i)	$\longrightarrow$	
	(ii) related organizations				•				3a(ii)		
b	If "Yes" to 3a(ii), are the related organization:	=			•				3b		
4	Describe in Part XIV the intended uses of the										
Par	t VI Investments - Land, Building	gs, and Equipm	ent. Se	e Form 990	, Part X, line	10.					
	Description of investment	(a) Cost or o	other	(b) Cost	t or other	1 ''	Accumulated		(d) Boo	k valu	е
		basis (invest	ment)	<del>                                     </del>	(other)	de	epreciation				
1a	Land										
b	Buildings			82	0,034.	L	191,93	8.	62	8,0	<u>96.</u>
c	Leasehold improvements					<u> </u>					
d	Equipment				8,516.	<u> </u>	446,15			2,3	
е	Other			22	6,187.	<u> </u>	173,59	0.		2,5	
Total	I. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Par	t X, colui	mn (B), line	10(c).)			<b></b>	88	4,9	<u>94.</u>

Schedule D (Form 990) 2009

	THEOLOGICAL		<u>ISTITUTE</u>	62-1138444	Page 3
Part VII Investments - Other Securities. Se	ee Form 990, Part X, lin	e 12.	<del></del>		
(a) Description of security or category (including name of security)	(b) Book value		(c) Method o Cost or end-of-ye		
inancial derivatives					_
Closely-held equity interests					
Other					
	<u> </u>				
otal. (Col (b) must equal Form 990, Part X, col (B) line 12 )	<u> </u>				
Part VIII Investments - Program Related.	See Form 990, Part X, ii	ne 13	<del></del>		
(a) Description of investment type	(b) Book value		(c) Method of Cost or end-of-ye		
	-				
				<del></del>	
	ļ				
	-			***************************************	······································
Total. (Col (b) must equal Form 990, Part X, col (B) line 13 )	<u></u>				
Part IX Other Assets. See Form 990, Part X, In.	e 15. ) Description			(b) Book va	alue
la	Description			(3) 500	
		-			
	·				
		A			
		- <u>.</u>			
Total. (Column (b) must equal Form 990, Part X, col (B) lir	ne 15 )	· · ·		<b>•</b>	
Part X Other Liabilities. See Form 990, Part X	(, line 25.				
1. (a) Description of liability		(b) Amount			· · · · · · · ·
Federal Income taxes					
				,	
		<u>-</u>			
				`	
				-	
			_]		
				\$	
				:	
			_		
Total. (Column (b) must equal Form 990, Part X, col (B) III					
2. FIN 48 Footnote. In Part XIV, provide the text of the fo		tion's financial statem	ents that reports	the organization's liabil	lity for
uncertain tax positions under FIN 48.				<del></del>	
932053 02-01-10				Schedule D (Form 9	990) 20(

	dule D (Form 990) 2009 ANKERBERG THEOLOGICAL RES				1138444	Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 t	to Audite	ed Financial S	tatemen		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		. 1		2,088	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		1,907	<u>,595.</u>
3	Excess or (deficit) for the year. Subtract line 2 from line 1	_	3		180	,996.
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			0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3	and 9	10		180	,996.
	t XII Reconciliation of Revenue per Audited Financial Staten		th Revenue p	er Retur		
1	Total revenue, gains, and other support per audited financial statements	•		1	2,107	,415.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	•			,	
– a	Net unrealized gains on investments	2a				
b	Donated services and use of facilities	2b				
	Recoveries of prior year grants	2c				
C		2d	18,8	24.		
d	Other (Describe in Part XIV.)			2e	1 18	,824.
e	Add lines 2a through 2d	-	••	3	2,088	591
3	Subtract line 2e from line 1	•	•	-   3	2,000	, 3, 1 .
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	· · · · · ·			
Ь	Other (Describe in Part XIV.)	4b				^
С	Add lines 4a and 4b		-	4c	2 000	<u> </u>
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		F	5	2,088	,591.
Pa	t XIII Reconciliation of Expenses per Audited Financial State	ments v	vith Expenses	per Keti	urn	
1	Total expenses and losses per audited financial statements			1	1,926	<u>,419.</u>
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	18,8	24.		
е	Add lines 2a through 2d			2e	18	,824.
3	Subtract line 2e from line 1			3	1,907	<u>,595.</u>
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				
	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			. 5	1,907	,595.
Pa	rt XIV Supplemental Information					
Con	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Pai	rt III, lines	la and 4; Part IV, I	ines 1b and	2b; Part V, line	e 4; Part
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also co					
•		·		-		
PA	RT XII, LINE 2D - OTHER ADJUSTMENTS:				-	
RE	NTAL EXPENSES NETTED AGAINST INCOME					
DΔ	RT XIII, LINE 2D - OTHER ADJUSTMENTS:					
IA	KI KIII, BINE 2D - OINEK ADOUDINEKID.	<del></del>				
RE	NTAL EXPENSES NETTED AGAINST INCOME					
				Cala	dula D (Farm	000) 0000

#### **SCHEDULE L**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### **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

Open To Public Inspection

Name of th	e organization									E	mployer	identifi	cation n	umber
	AN	KERBERG	TH	EOL	OGIC	AL RESE	ARCH	INSTIT	UTE	(	52-11	3844	4	
Part I	Excess Benefit	Transact	ions (	sectio	n 501(c)(	3) and section	501(c)(4)	organization	ns only).		<del></del> "			
	Complete if the org	anızation ans	wered	"Yes"	on Form	990, Part IV,	line 25a or	25b, or For	m 990-E	Z, Part	V, line 40	b.		
1	(a) Name of disqualified person						(b) [	Description o	of transa	ction	1		(c) Corrected?	
	(a) Name of G	squainicu pei											Yes	No_
												-		
••														
2 Enter t	he amount of tax imp	osed on the	organia	zation	manager	e or disculatific	ed nerson	s during the	vearun	der				
section		osca on the	Organiz	Lation	managen	o or oroquam	od pordoni	o coning the	your on		<b>▶</b> \$			
	he amount of tax, if a	nv. on line 2.	above	. reımt	bursed by	the organiza	tion				<b>▶</b> \$			
	· · · · · · · · · · · · · · · · · · ·													
Part II	Loans to and/o	r From In	teres	ted F	Persons	3.		,						
	Complete if the org	anization ans	wered	"Yes"	on Form	990, Part IV,	ine 26, or	Form 990-E	Z, Part V	, line 3				
	me of interested	(b) Loan				nal principal	ince due (e) In			(f) Approved by board or		(g) Written		
person and purpose t		the orga	nizatio	n? ——	ar	amount			default?		committee?		agreement?	
		То	Fre	om		14 077		C 251	Yes	No	Yes	No	Yes	No_
	DARLENE A		ļ		4	14,077. 21,578.		6,251. 3,367.		X	-	X		X
JOHN &	DARLENE A	N X	-			21,5/8.		3,367.		Х	+	Х		<u> </u>
			-		ļ						+			
		-	ļ											
		-	<del> </del>					<u>.,,</u>			+			
Total	<del></del>		1		1	<b>▶</b> \$	2	9,618.						
Part III	Grants or Assi	stance Be	nefiti	ng Ir	itereste			70200					·	******
t	Complete if the org			_										
(8	) Name of interested					onship betwe		ted person	and	T			d type of	f
					the or	ganization			_		assistan	ce		
<del></del>		·				<u>-</u>						<u>.</u>		
			_				-							
										-				
<del> </del>	<del> </del>								<del></del> -					
				-										
Part IV	Business Tran	sactions I	nvolv	ina li	nterest	ed Person	S.							
	Complete if the org			_				8b. or 28c.						
(a	a) Name of Interested		********			ip between in		(c) Amo	unt of	(d	) Descript	on of	(e) Sha	
,,	.,	·				d the organiz		transa		'-	transacti		organiz reven	
											_		Yes	No
MICHELLE ANKERBERG MICHELL						E ANKER	BERG		0	.COI	MPENS	ATIO		X
		·												
	·			L.										
				<b></b>						_				

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

LHA For Privacy Act and Paperwork Reduction Act Notice, see the

Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2009

## **SCHEDULE 0**

### Supplemental Information to Form 990

(Form 990) Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. Department of the Treasury Attach to Form 990.

OMB No 1545-0047 Open to Public Inspection

Internal Revenue Service

ANKERBERG THEOLOGICAL RESEARCH INSTITUTE 62-1138444
FORM 990, PART VI, SECTION A, LINE 2: JOHN AND DARLENE ANKERBERG ARE
HUSBAND AND WIFE.
FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS REVIEWED BY THE
ORGANIZATION'S MANAGEMENT PRIOR TO BEING FILED. THE FORM 990 IS THEN
PRESENTED TO THE BOARD AT THE NEXT BOARD MEETING AFTER PREPARATION AND
FILING.
FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION MONITORS AND
ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY ANNUALLY.
FORM 990, PART VI, SECTION B, LINE 15: THE ORGANIZATION'S MANAGEMENT AND
BOARD REVIEWS AND APPROVES THE COMPENSATION OF OFFICERS AND KEY EMPLOYEES.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS
AVAILABLE TO THE PUBLIC UPON REQUEST.
FORM 990, PART XI, LINE 2C
THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.
SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:
(A) NAME OF PERSON: JOHN & DARLENE ANKERBERG
(A) PURPOSE OF LOAN: ORGANIZATION EXPENSES
(B) LOAN TO OR FROM ORGANIZATION? = TO

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

932211 02-03-10

Schedule O (Form 990) 2009

#### **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.

OMB No 1545-0047 Inspection

Name of the organization  ANKERBERG THEOLOGICAL RESEARCH INSTITUTE	Employer identification number 62-1138444
(C) ORIGINAL PRINCIPAL AMOUNT \$ 44077. (D) BALANCE DUE	\$ 26251.
(E) LOAN IN DEFAULT? = NO	
(F) APPROVED BY BOARD OR COMMITTEE? = NO	
(G) WRITTEN AGREEMENT? = NO	
SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTEREST	ED PERSONS:
(A) NAME OF PERSON: MICHELLE ANKERBERG	,
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZAT	ION:
MICHELLE ANKERBERG IS THE DAUGHTER OF JOHN AND DARLENE A	NKERBERG.
(D) DESCRIPTION OF TRANSACTION: COMPENSATION - W-2 WAGES	•