



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Organization Exempt From Income Tax  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

2009

Department of the Treasury  
Internal Revenue Service

(except black lung benefit trust or private foundation)

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

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

Open to Public  
Inspection

## A For 2009 calendar year, or tax year beginning

, 2009, and ending

, 20

B Check if applicable Address change Name change Initial return Terminated Amended return Application pending	C Name of organization MISSION MEDIA, INC.	D Employer identification number 82-0447997
	Number & street (or P O. box, if mail is not delivered to street addr) 923 S BRIDGE WAY PLACE #100	E Room/ suite Telephone number (208) 322-9090
	City or town, state or country, and ZIP + 4 EAGLE ID 83616-6862	F Group Exemption Number ►

- Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting Method.  Cash  Accrual  
Other (specify) ►

I Website: ► N/A

H Check  if organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

K Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 157,111

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

R E V E N U E	1 Contributions, gifts, grants, and similar amounts received . . . . .	1 157,111
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3
	4 Investment income	4
	5a Gross amount from sale of assets other than inventory	5a
	b Less cost or other basis and sales expenses	5b
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>	
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a
b Less direct expenses other than fundraising expenses	6b	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	6c	
7a Gross sales of inventory, less returns and allowances	7a	
b Less cost of goods sold	7b	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c	
8 Other revenue (describe ► OGDEN, UT )	8	
9 Total revenue. All lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ►	9 157,111	
E X P E N S E S	10 Grants and similar amounts paid (attach schedule)	10
	11 Benefits paid to or for members	11
	12 Salaries, other compensation, and employee benefits . . . . .	12 121,238
	13 Professional fees and other payments to independent contractors	13 7,689
	14 Occupancy, rent, utilities, and maintenance	14 21,378
	15 Printing, publications, postage, and shipping	15 5,460
	16 Other expenses (describe ► SEE ATTACHMENT #1 )	16 55,562
17 Total expenses. Add lines 10 through 16 ►	17 211,327	
A S S E T S	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18 -54,216
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	19 86,442
	20 Other changes in net assets or fund balances (attach explanation) . . . . .	20
	21 Net assets or fund balances at end of year Combine lines 18 through 20 . . . . .	21 32,226

## Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	72,681	22 13,795
23 Land and buildings		23
24 Other assets (describe ► SEE ATTACHMENT #2 )	14,501	24 22,164
25 Total assets	87,182	25 35,959
26 Total liabilities (describe ► SEE ATTACHMENT #3 )	740	26 3,733
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . . .	86,442	27 32,226

For Privacy Act and Paperwork Reduction Act Notice, see the separate Instructions.

Form 990-EZ (2009)

**Part III Statement of Program Service Accomplishments** (See the instructions for Part III )

What is the organization's primary exempt purpose? SEE ATTACHMENT #4

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, & other relevant information for each program title.

**28 SEE ATTACHMENT #5**

## Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

(Grants \$  ) If this amount includes foreign grants, check here

28a 211, 327

29

(Grants \$  ) If this amount includes foreign grants, check here

29a

30

(Grants \$  ) If this amount includes foreign grants, check here

30a

**31 Other program services (attach schedule)**

(Grants \$  ) If this amount includes foreign grants, check here

31a

**32 Total program service expenses (add lines 28a through**

32

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instr for Part IV.)

(a) Name and address

**(b) Title and average hours per week devoted to position**

(c) Compensation  
(If not paid,  
enter -0-.)

**(d) Contributions to employee benefit plans & deferred compensation**

**(e) Expense account and other allowances**

SEE ATTACHMENT #6

**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

	<b>Yes</b>	<b>No</b>
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	35b	X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► <b>37a</b>		
b Did the organization file <b>Form 1120-POL</b> for this year?	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter:	39a	
a Initiation fees and capital contributions included on line 9	39b	
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____		
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	X
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete <b>Form 8886-T</b>	40e	X
41 List the states with which a copy of this return is filed ► <b>NONE</b>		
42a The organization's books are in care of ► <b>SEE ATTACHMENT #7</b> Telephone no. ► _____ Located at ► _____		
	ZIP + 4 ► _____	
b 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)?	42b	X
If "Yes," enter the name of the foreign country ► _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ► _____	42c	X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> -- Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► <b>43</b>		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

**Part VI**

**Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51

46 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 . . . . .

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

	<b>Yes</b>	<b>No</b>
46	X	
47	X	
48	X	
49a	X	
49b	X	

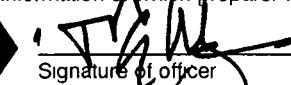
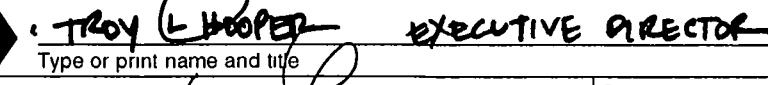
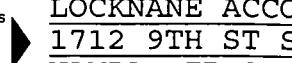
<b>(a)</b> Name and address of each employee paid more than \$100,000	<b>(b)</b> Title and average hours per week devoted to position	<b>(c)</b> Compensation	<b>(d)</b> Contributions to employee benefit plans & deferred compensation	<b>(e)</b> Expense account and other allowances
NONE				

**f** Total number of other employees paid over \$100,000 ► \_\_\_\_\_

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

<b>(a)</b> Name and address of each independent contractor paid more than \$100,000	<b>(b)</b> Type of service	<b>(c)</b> Compensation
NONE		

**d** Total number of other independent contractors each receiving over \$100,000 ► \_\_\_\_\_

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge		
	► 	Signature of officer	►  Date
	►  EXECUTIVE DIRECTOR		
	Type or print name and title		
<b>Paid Preparer's Use Only</b>	Preparer's signature ► 	Date 08-03-2010	Check if self-employed ► <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► 	LOCKNANE ACCOUNTING PA 1712 9TH ST SOUTH NAMPA, ID 83651	Preparer's identifying no. (See instr.) EIN ►
			Phone no. ►
			208-467-1894

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ► Yes  No

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

**Public Charity Status and Public Support**

OMB No 1545-0047

**2009**

**Open to Public  
Inspection**

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.

**Name of the organization**

MISSION MEDIA, INC.

**Employer Identification number**

82-0447997

**Part I Reason for Public Charity Status** (All organizations must complete this part) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)
- 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)
- 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)
- 9  An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions--subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III)
- 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h
 

a <input type="checkbox"/> Type I	b <input type="checkbox"/> Type II	c <input type="checkbox"/> Type III-Functionally integrated	d <input type="checkbox"/> Type III-Other
-----------------------------------	------------------------------------	---	---
- e  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).
- f  If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box \_\_\_\_\_
- 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? ..	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(ii) A family member of a person described in (i) above?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(iii) A 35% controlled entity of a person described in (i) or (ii) above? ..	<input type="checkbox"/> Yes	<input type="checkbox"/> No
- h  Provide the following information about the supported organization(s)

	Yes	No
11g(i)		X
11g(ii)		X
11g(iii)		X

(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 in col (I) listed in your governing document?	(V) Did you notify the organization in col (I) of your support?	(VI) Is the organization in col (I) organized in the U.S.?	(VII) Amount of support
<b>Total</b>						

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

Schedule A (Form 990 or 990-EZ) 2009

**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 include any "unusual grants") . . . . .	461485	412256	326097	210890	157111	1567839
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
4 <b>Total.</b> Add lines 1 through 3. . . . .	461485	412256	326097	210890	157111	1567839
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
6 <b>Public support.</b> Subtract line 5 from line 4						1567839

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4 . . . . .	461485	412256	326097	210890	157111	1567839
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 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.) . . . . .						
11 <b>Total support.</b> Add lines 7 through 10						1567839
12 Gross receipts from related activities, etc (see instructions) . . . . .					12	
13 <b>First five years.</b> 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**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	100.00	%
15 Public support percentage from 2008 Schedule A, Part II, line 14 . . . . .	15	100.00	%
16a <b>33 1/3 % support test -- 2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . .			<input checked="" type="checkbox"/>
b <b>33 1/3 % support test -- 2008.</b> 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 . . . . .			<input type="checkbox"/>
17a <b>10%-facts-and-circumstances test -- 2009.</b> 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 . . . . .			<input type="checkbox"/>
b <b>10%-facts-and-circumstances test -- 2008.</b> 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 . . . . .			<input type="checkbox"/>
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

# Depreciation and Amortization

## (Including Information on Listed Property)

2009

Attachment  
Sequence No 67Department of the Treasury  
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

MISSION MEDIA, INC.

Business or activity to which this form relates

FOR FORM 990-EZ LINE 16

Identifying number

82-0447997

**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount. See the instructions for a higher limit for certain businesses	1	\$250,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	\$800,000
4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions	5	250,000
<b>6 (a) Description of property</b>	<b>(b) Cost (busn use only)</b>	<b>(c) Elected cost</b>
7 Listed property Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction Enter the <b>smaller</b> of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	250,000
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)**

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	3,892

**Part III MACRS Depreciation (Do not include listed property) (See instructions)****Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2009	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

**Section B -- Assets Placed In Service During 2009 Tax Year Using the General Depreciation System**

<b>(a) Classification of property</b>	<b>(b) Month and year placed in service</b>	<b>(c) Basis for depr. (business/investment use only -- see instructions)</b>	<b>(d) Recovery period</b>	<b>(e) Convention</b>	<b>(f) Method</b>	<b>(g) Depreciation deduction</b>
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs.	MM	S/L	
I Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

**Section C -- Assets Placed In Service During 2009 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

**Part IV Summary (See instructions)**

21 Listed property Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return. Partnerships and S corporations -- see instructions	22	3,892
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2009)

## SCHEDULE OF OTHER ASSETS

ATTACHMENT 2: PAGE 1 - 990-EZ PAGE 1, PART I, LINE 24

OPEN TO PUBLIC	For calendar year 2009 or tax period beginning		
INSPECTION	, and ending		
Name of Organization			Employer Identification Number
MISSION MEDIA, INC.			82-0447997
Description of Other Assets	Beginning of Year	End of Year	EOY FMV (990-PF Only)
FIXED ASSETS-NET OF DEPRECIATION	14,501	16,877	
EMPLOYEE ADVANCE		1,000	
INVENTORY		239	
RECEIVABLES		4,048	
Totals		14,501	22,164

## **SCHEDULE OF OTHER LIABILITIES**

ATTACHMENT 3: PAGE 1 - 990-EZ PAGE 1, PART II, LINE 26

---

**OPEN TO PUBLIC**

**For calendar year 2009 or tax period beginning**

, and ending

**Name of Organization**

Name of Organization  
MISSION MEDIA, INC.

**Employer Identification Number**

Employer Idenitif  
82-0447997

Description of Liability	Beginning of Year	End of Year
ACCOUNTS PAYABLE	740	3,733
	Totals	740

**SCHEDULE OF OTHER EXPENSES**

ATTACHMENT 1: PAGE 1 - 990-EZ PAGE 1, PART I, LINE 16

OPEN TO PUBLIC INSPECTION	For calendar year 2009 or tax period beginning	, and ending
Name of Organization MISSION MEDIA, INC.	Employer Identification Number 82-0447997	
Description of Other Expenses	Amount	
PAY OUTS-GRACE GIFT PARABLE	8,454	
ADVERTISING	85	
AUTO EXPENSE	1,610	
BANK CHARGES	597	
DONATIONS	350	
EQUIPMENT RENT	5,188	
SUPPLIES	2,330	
OFFICE EXPENSES	2,528	
INSURANCE	1,203	
INTERNET & WEB FEES	336	
MEETING EXPENSE	148	
MISCELLANEOUS	953	
TELEPHONE	7,124	
PRODUCTION COSTS	13,625	
PROMOTION	815	
TAXES	589	
TRAINING	864	
TRAVEL & ENTERTAINMENT	4,871	
DEPRECIATION	3,892	
Total	55,562	

## PRIMARY EXEMPT PURPOSE

ATTACHMENT 4: PAGE 1 - 990-EZ PAGE 2, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2009 or tax period beginning	, and ending
Name of Organization MISSION MEDIA, INC.	Employer Identification Number 82-0447997	

### Primary Purpose

VIDEO PRODUCTIONS PRODUCING THE GOSPEL IN MEDIA FORM GIVEN TO CHURCHES, OTHER SIMILAR ORGANIZATIONS AND MINISTRIES. ALSO PRODUCE BILLBOARDS AND SEMINARS FOR THE SAME PURPOSE.

## PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 5: PAGE 1 - 990-EZ PAGE 3, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2009 or tax period beginning	, and ending	
Name of Organization MISSION MEDIA, INC.		Employer Identification Number 82-0447997	
Part III - Statement of Program Service Accomplishments			
Grants and allocations	Amount includes foreign grants	Program service expenses	211,327
Exempt Purpose Achievements			

MEDIA WAS PRODUCED AND AIRED ON RADIO AND TELEVISION. ALSO, NEW GOSPEL ADDS WERE PRODUCED. EVENTS WERE HELD TO BRING THE CHRISTIAN COMMUNITY TOGETHER.

**CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

ATTACHMENT 6: PAGE 1 - 990-EZ PAGE 2, PART IV

OPEN TO PUBLIC INSPECTION	For calendar year 2009 or tax period beginning , and ending			Employer Identification Number
Name of Organization MISSION MEDIA, INC.			82-0447997	
(A) Name and Address	(B) Title and Average Hrs. per Week	(C) Compensation (If not paid, enter 0)	(D) Cont to Employee Ben Plans & Def Comp	(E) Expense Account & Other Allowances
MAC MEYER 9460 W FAIRVIEW AVE BOISE, ID 83704 MICHAEL BOERNER 5301 EMERALD ST BOISE, ID 83706 TROY HOOPER # 923 S BRIDGE WAY STE 100 EAGLE, ID 83616-6862	DIRECTOR 2.00  DIRECTOR 2.00  DIRECTOR 2.00	0  0  0	0  0  0	0  0  0

**BOOKS ARE IN CARE OF**

ATTACHMENT 7 - 990-EZ PAGE 3, PART V, LINE 42A

OPEN TO PUBLIC INSPECTION	For calendar year 2009 or tax period beginning	, and ending
------------------------------	--	--------------

Name of Organization MISSION MEDIA, INC.	Employer Identification Number 82-0447997
---	--

Part V - Line 42a

Individual Name . . . . .

or

Business Name:  
MISSION MEDIA, INC.

Street Address . . . . . 923 S BRIDGE WAY STE 100

U S Address

Zip code 83616-6862

City EAGLE

State ID

or

Foreign Address

City . . . . .

Province or State . . . . .

Country . . . . .

Postal code . . . . .

Phone Number . . . . . (208) 322-9090

Fax Number . . . . .