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Form **990**

Department of the Treasury

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)

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

2009

OMB No 1545-0047

Open to Public

Internal	Revenue	Service File 01	ganization may have to us	e a copy of this return to satisf	ry state repor	ting requirements	Inspection
A Fo	the :	2009 calendar yea	r, or tax year beginning 01	-01-2009 and ending 12-31-2	2009	D Employer ide	ntification number
_		pplicable Please	C Name of organization Educational Media Foundation	1		. ,	
_	ress ch	label or	Doing Business As			94-281634 E Telephone nu	
	ne cha	type. See				(916) 251-1	1600
	al retu	Instruc-	Number and street (or P O b 5700 West Oaks Blvd	ox if mail is not delivered to street ac	ldress) Room/su	G Gross receipts	
	nınate						
_	ended		City or town, state or country Rocklin, CA 95765	, and ZIP + 4			
App	lication	n pending					
		F Nan Mike N	ne and address of principal ovak	officer		this a group returr filiates?	n for □ Yes ▼ No
			Vest Oaks Blvd			indies ·	j res j No
		ROCKIII	n,CA 95765		1	e all affiliates includ	·
I Tax	-exem	npt status 🔽 501(c)) (3) 4 (insert no)	(a)(1) or		"No," attach a list iroup exemption nu	
1 W	ebsit <i>e</i>	e: ► www emfbroad	casting com		"(c) '		
			-	. .	1 1		
	n of org	Summary	tion Trust Association C	other F	L Year o	of formation 1981 M	State of legal domicile CA
			e organization's mission or	most significant activities			
e e		To operate non-co	mmercial religious radio s	tations as a means for spreadi	ng the Gospel		_
Š Ē		-					
Governance							
ş	2	Check this box 🚩	if the organization discor	ntinued its operations or dispos	sed of more th	an 25% of its net a	
		-		oody (Part VI, line 1a)			
Activities &				e governing body (Part VI, line	e 1b)		
			nployees (Part V, line 2a)			5	2,40
ទី			olunteers (estimate if neces	• •		6	2,40 459,89 -459
		<u>-</u>		Part VIII, column (C), line 12 Form 990-T, line 34		7a 7b	
		Tree america busi	mess taxable mesme nom	101111 9 9 0 1 7 1111 0 9 1 1 1		Prior Year	Current Year
	8	Contributions and	d grants (Part VIII, line 1h)		86,342,672	88,250,763
≘	9			, ,)		, ,	
Rayenue	10			Innes 3, 4, and 7d)		6,184,236	357,418
Ë	11	Other revenue (P	art VIII, column (A), lines	5, 6d, 8c, 9c, 10c, and 11e)		-460,453	-402,408
	12			t equal Part VIII, column (A),	line	02.066.455	00 205 773
	13			olumn (A), lines 1–3)		92,066,455	88,205,773
	14			lumn (A), line 4)			
	15	·	`	nefits (Part IX, column (A), line			
\$		10)		(23,600,099	25,387,422
Expenses	16a	Professional fund	lraısıng fees (Part IX, colui	mn (A), line 11e)			0
五	Ь	- ,	enses (Part IX, column (D), line	,	_		
	17			11a-11d, 11f-24f)		45,390,049	46,153,409
	18			ual Part IX, column (A), line 25		68,990,148	71,540,831
ep	19	Kevenue less exp	penses Subtract line 18 fr	om line 12		23,076,307 ning of Current	16,664,942
Not Assets or Fund Balances					begin	Year	End of Year
98.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00	20	Total assets (Par	rt X, line 16)			254,242,014	268,912,716
2 년 전 년 -	21	Total liabilities (F	Part X, line 26)			130,181,589	128,233,736
	22		d balances Subtract line 2	21 from line 20		124,060,425	140,678,980
Par	t II	Signature Blo					
				nined this return, including accompant on of preparer (other than officer) is b			
Sign Here		***** Signature of office	er			010-07-07 ate	
	•				_		
		Mike Novak President Type or print nam					
		Preparer's L		Date	Check If	Preparer's identif	ying number
Paid		signature Bill Pet	terson		self- empolyed	(see instructions)	, ,
raiu Prepa	rer's	Firm's name (or yours	s L Matson and Isom		empolyed F	1	
Use (ıf self-employed),)			EIN Þ	
	•	address, and ZIP + 4	PO Box 1638			Phone no 🕨 (5.	30) 891-6474
		<u> </u>	Chico, CA 95927 rn with the preparer shown				✓ Yes No

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

			_	
To operate non-commercia	i reliaious	radio stations as	s a means for spre	ading the Gospel

2	_		ant program services during th	ne year which were not listed on	┌ Yes ┌ No
	If "Yes," describe	these new services on S	chedule O		
3		ion cease conducting, or i	nake significant changes in ho	w it conducts, any program	┌ Yes ┌ No
	If "Yes," describe	these changes on Sched	ule O		
4	Section 501(c)(3	3) and 501(c)(4) organizat	_	s three largest program services rusts are required to report the a ogram service reported	
	(Code) (Expenses \$	62,088,976 including grants of	of \$) (Revenue \$	<u> </u>
				commercial religious format providing m	,
4b	(Code) (Expenses \$	ıncludıng grants o	f \$) (Revenue \$)
4c	(Code) (Expenses \$	ıncludıng grants o	f\$) (Revenue\$)
4d	Other program s	services (Describe in Sch	edule O)		
	(Expenses \$	ınc	uding grants of \$) (Revenue \$)
4e	Total program s	ervice expenses►\$	62,088,976		

Part IV	Check	list of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Νο
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Νο
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		Νο
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If "Yes," complete Schedule F, Part II</i>	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		Νο
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
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		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
25a	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		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
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	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
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	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Ma	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
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	Yes	
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	Yes	
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		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Part V	Statements	Regarding	Other II	RS Filings a	and Tax	Compliance
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			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of 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 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
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		Νο
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		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	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		
ā	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
,	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Νo
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νο
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
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		
3	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		
•	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
.0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
.1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
l2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

5700 West Oaks Blvd Rocklin, CA 95765 (916) 251-1744

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

Sa	ction A. Governing Body and Management					
	ction A. Governing body and Hanagement				Yes	No
					163	140
1a	Enter the number of voting members of the governing body	1a	8			
ь	Enter the number of voting members that are independent	1b	7			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?	siness	relationship with any	2		No
3	Did the organization delegate control over management duties customarily performe					110
4	supervision of officers, directors or trustees, or key employees to a management co Did the organization make any significant changes to its organizational documents s		·	. 3		No
	filed?		·	4		No
5	Did the organization become aware during the year of a material diversion of the organization	anızat	ion's assets?	5		Νo
6	Does the organization have members or stockholders?			6		Νo
7a	Does the organization have members, stockholders, or other persons who may elect governing body?			7a		No
ь	Are any decisions of the governing body subject to approval by members, stockhold			7b		Νο
8	Did the organization contemporaneously document the meetings held or written activear by the following	ons ur	ndertaken during the			
а	The governing body?			8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?			8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? If "Yes," provide the names and addresses in Scheduler $(1, 1)$ or $(1, 1)$ o	ule O		9		Νο
	ction B. Policies (This Section B requests information about policies not	requi	red by the Internal			
Re	venue Code.)					<u> </u>
					Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	•		10a		Νo
Ь	If "Yes," does the organization have written policies and procedures governing the a affiliates, and branches to ensure their operations are consistent with those of the o			10b		
11	Has the organization provided a copy of this Form 990 to all members of its governi	ng bod	ly before filing the form?			
				11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the F	orm 9	90			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	Yes	
Ь	Are officers, directors or trustees, and key employees required to disclose annually to conflicts?	ıntere	sts that could give rise	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance will describe in Schedule O how this is done	th the	policy? If "Yes,"	12c	Yes	
13	Does the organization have a written whistleblower policy?			13	Yes	
14	Does the organization have a written document retention and destruction policy? .	-		14	Yes	
15	Did the process for determining compensation of the following persons include a rev	iew an	d approval by		163	
	independent persons, comparability data, and contemporaneous substantiation of the		beration and decision?			
	The organization's CEO, Executive Director, or top management official			15a	Yes	
b	Other officers or key employees of the organization	•		15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture of	orsım	ılar arrangement with a			
h	taxable entity during the year?			16a		No
_	participation in joint venture arrangements under applicable federal tax law, and take organization's exempt status with respect to such arrangements?	en ste	ps to safeguard the			
		•		16b		
	ction C. Disclosure					
17	List the States with which a copy of this Form 990 is required to be filed ►CA					
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable (3)s only) available for public inspection. Indicate how you make these available. Ch. Own website. Another's website. Upon request.					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing interest policy, and financial statements available to the public. See Additional Data	-	•			
20	State the name, physical address, and telephone number of the person who possess			ne oraz	nızatıor	n ▶
	Scott A Moseman Controller					-

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, and **current** key employees 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, or 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

Check this box if the organization did no	•	ite any o	curre	nt o	forr	nero	ffice	r, dırector, trustee c	or key employee	
(A) Name and Title	(B) A verage hours	Posi t	((tion (hat a	che		I		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Leslie Marquard Chairman of the Board	1 00	Х						0	0	0
Dan Antonelli Vice Chairman/Director	1 00	Х						0	0	0
Mıtch Barnhart Dırector	1 00	Х						0	0	0
Darrell Chamblis Director	1 00	Х						0	0	0
David Ferry Director	1 00	Х						0	0	0
Emil Kallina Director	1 00	Х						0	0	0
Larry Moody Director	1 00	х						0	0	0
Mike Novak President & CEO	50 00			Х				463,420	0	42,778
Jon Taylor CFO	50 00			Х				250,054	0	28,488
David Pierce Chief Creative Officer	50 00			Х				217,703	0	20,537
Joseph Miller VP Signal Expansion	50 00			Х	Х			216,278	0	31,144
Vırgınıa Walker VP Lıstener Services	50 00			х				113,905	0	0
Rick Rolfing Chief Technology Officer	50 00				х			179,107	0	16,489
Alan Mason VP Change	50 00				Х			157,568	0	22,403
Sam Wallington VP Engineering	50 00				х			155,936	0	22,522
Kolin Whipple Senior Regional Rep	50 00					х		147,983	0	20,824
William Lyons VP Business Analysis	50 00					х		141,247	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) A verage hours	Posi t	tion (that a	(che		II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Brian Burger VP Human Resources	50 00					х		141,675	0	0
Dan Rice Philanthropic Architect	50 00					х		162,488	0	17,229
Jon Rivers K-Love Air Talent	50 00					х		261,543	0	3,659
Richard Jenkins Former President	1 00						Х	300,000	0	13,196
									Т	
1b Total						ı	•	2,908,907	0	239,269

3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> "Yes," complete Schedule J for such individual	3	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
Davis Wright Tremaine LLP 1201 Third Ave Ste 2200 Seattle, WA 98101	Legal-Signal Development	494,940
Blue North Stategies 123 Woolwich Street Guelph, ON N1H 3V1 CA	Consulting/Donor Communications	443,291
Quest Media & Supplies Inc PO Box 41039 Sacramento, CA 95841	Computer Services	288,233
Special Order Systems 3877 Shawn Way 200 Loomis, CA 95650	Computer Services	259,648
Laser One PO Box 3128 Omaha, NE 68172	Mailhouse Services	178,780
2 Total number of independent contractors (including but not limited to those listed above)) who received more than	

\$100,000 in compensation from the organization 1-15

Part VIII Statement of Revenue	(A) Total revenue	(B)	(C)	(B)
		Related or exempt function revenue	Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
변설 1a Federated campaigns 1a				
b Membership dues 1b				
c Fundraising events 1c				
d Related organizations 1d				
e Government grants (contributions)				
b Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f				İ
g Noncash contributions included in				
lines 1a-1f \$ 2,430,819				
h Total. Add lines 1a-1f	88,250,763			
gu Business Code				
Business Code Business Code Company				
<u>я</u> ь				
93 c				
Ž d				
Ĕ e				
f All other program service revenue				
g Total. Add lines 2a-2f				
3 Investment income (including dividends, interest				
and other similar amounts)	197,251			197,251
4 Income from investment of tax-exempt bond proceeds •				
5 Royalties				
(ı) Real (ıı) Personal				
6a Gross Rents 204,411 b Less rental 655,141				
expenses				
c Rental income -450,730 or (loss)				
d Net rental income or (loss)	-450,730		-450,730	
(i) Securities (ii) Other				
7a Gross amount 12,766 917,843 from sales of				
assets other than inventory				
b Less cost or 13,041 757,401 other basis and				
sales expenses				
d Net gain or (loss)	160,167			160,167
8a Gross income from fundraising				
events (not including s of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses b c Net income or (loss) from fundraising events				
See Part IV, line 18				
- a				
b Less direct expenses b c Net income or (loss) from fundraising events				
9a Gross income from gaming activities				
See Part IV, line 19				
a				
b Less direct expenses b				
c Net income or (loss) from gaming activities				
10a Gross sales of inventory, less returns and allowances . a 45,191				
b Less cost of goods sold b 54,354				
c Net income or (loss) from sales of inventory	-9,163		-9,163	
Miscellaneous Revenue Business Code	F3 40-			F7 40-
11a Other 900,099	57,485			57,485
b				
c				
d All other revenue				
e Total. Add lines 11a-11d	57,485			
12 Total revenue. See Instructions	88,205,773	0	-459,893	414,903

					Page 10
Par	Statement of Functional Expenses		- 1		
А	Section $501(c)(3)$ and $501(c)(4)$ organizations m Il other organizations must complete column (A) but are not required to			(D).	
Do no	ot include amounts reported on lines 6b, p, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,425,741	71,287	1,211,880	142,574
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	18,037,410	14,567,674	2,024,389	1,445,347
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	387,409	312,886	43,480	31,043
9	Other employee benefits	4,048,690	3,269,870	454,396	324,424
10	Payroll taxes	1,488,172	1,201,902	167,022	119,248
11	Fees for services (non-employees)				
а	Management				
ь	Legal	400,514		400,514	
c	Accounting	79,865		79,865	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	1,092,183	829,892	260,044	2,247
12	Advertising and promotion	713,737	443,423	61,620	208,694
13	Office expenses	2,327,106	1,879,429	261,207	186,470
14	Information technology	597,807	597,807		
15	Royalties				
16	Occupancy	921,672	744,272	103,556	73,844
17	Travel	1,163,426	872,570	134,957	155,899
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	19,185		19,185	
20	Interest	7,432,526	7,432,526		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	12,990,588	12,341,059	649,529	
23	Insurance	250,951	188,213	62,738	
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)				
а	Network operations	12,925,373	12,925,373		
b	Engineering	2,254,233	2,254,233		
c	Banking and cash proc	1,055,395	1,002,625	52,770	
d	Repairs and maintenance	357,206	288,493	40,090	28,623
е	Printing & publications	338,960	254,220	33,896	50,844
f	All other expenses	1,232,682	611,222	407,973	213,487
25	Total functional expenses. Add lines 1 through 24f	71,540,831	62,088,976	6,469,111	2,982,744
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 educational campaign and fundraising solicitation				· · ·

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			11,696,164	1	9,933,878
	2	Savings and temporary cash investments	274,477	2	12,511		
	3	Pledges and grants receivable, net			16,422,364	3	15,553,542
	4	Accounts receivable, net			404,280	4	491,859
	5	Receivables from current and former officers, directors, trustees highest compensated employees. Complete Part II of					
		Schedule L			31,600	5	31,600
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ Complete Part II of		n 4958(f)(1)) and			
		Schedule L				6	
Assets	7	Notes and loans receivable, net			2,254,538	7	2,529,915
8	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			1,286,455	9	1,423,154
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	79,095,066			
	ь	Less accumulated depreciation	10b	43,804,346	30,193,003	10c	35,290,720
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11				12	1,031
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets			188,786,553	14	200,631,380
	15	Other assets See Part IV, line 11			2,892,580	15	3,013,126
	16	Total assets. Add lines 1 through 15 (must equal line 34)			254,242,014	16	268,912,716
	17	Accounts payable and accrued expenses .			2,882,670	17	3,782,002
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			58,231,694	20	54,833,733
<u>.</u>	21	Escrow or custodial account liability Complete Part IV of Schedul	eD.			21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
ä		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			64,082,523	23	67,709,244
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			4,984,702	25	1,908,757
	26	Total liabilities. Add lines 17 through 25			130,181,589	26	128,233,736
Ses		Organizations that follow SFAS 117, check here ► ↓ and comp through 29, and lines 33 and 34.	let e l	ines 27			
anc	27	Unrestricted net assets			123,950,305	27	140,514,736
Balance	28	Temporarily restricted net assets			110,120	28	164,244
	29	Permanently restricted net assets				29	
or Fund		Organizations that do not follow SFAS 117, check here ▶ ┌ ar	d con	nplet e			
5		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds	•			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other fu	ınds			32	
Š	33	Total net assets or fund balances			124,060,425	33	140,678,980
	34	Total liabilities and net assets/fund balances \dots	254,242,014	34	268,912,716		

Part XI Financial Statements and Reporting

			Yes	No
L	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	☐ Separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

h

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

Public Charity Status and Public Support

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

Inspection

Name of the organization Educational Media Foundation

Employer identification number

		94-2816342			
Par	t I	Reason for Public Charity Status (All organizations must complete this part.) See instruct	tions		
The o	rganı	zation is not a private foundation because it is (For lines 1 through 11, check only one box)			
1	Γ	A church, convention of churches, or association of churches section 170(b)(1)(A)(i).			
2	Γ	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)			
3	Γ	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).			
4	Γ	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(hospital's name, city, and state	iii). Ente	r the	
5	Г	An organization operated for the benefit of a college or university owned or operated by a governmental unit	describe	_ d ın	
		section 170(b)(1)(A)(iv). (Complete Part II)			
6	Γ	A federal, state, or local government or governmental unit described in section $170(b)(1)(A)(v)$.			
7	굣	An organization that normally receives a substantial part of its support from a governmental unit or from the described in section 170(b)(1)(A)(vi) (Complete Part II)	general	public	
8	Г	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)			
9		An organization that normally receives (1) more than 331/3% of its support from contributions, membershi	p fees, ar	nd aros	ss
	•	receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than		-	
		its support from gross investment income and unrelated business taxable income (less section 511 tax) from			
		acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)			
10	Г	An organization organized and operated exclusively to test for public safety See section 509(a)(4).			
11	<u></u>	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See sect the box that describes the type of supporting organization and complete lines 11e through 11h		a)(3).	Check
e	Γ	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more di- other than foundation managers and other than one or more publicly supported organizations described in s- 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 sup check this box	porting o	rganız	ation,
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)		Yes	No
		and (III) below, the governing body of the the supported organization?	11g(i)		
		(ii) a family member of a person described in (i) above?	11g(ii)		
		(iii) a 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	on in ed in rning	(v) Did you not organizati col (i) of suppor	on in your	(vi) Is the organizati col (i) orga	on in anized	(vii) A mount of support?
		ınstructions))	Yes	No	Yes	No	Yes	No	
Total									

Provide the following information about the supported organization(s)

Support Schedule for Organizations Described in IRC 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.) Part II

_	(Complete only if y	ou checkeu the	DOX OII IIIC 3,	, or o or rare i	··/			
	ection A. Public Support			I	Г			
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009		(f) Total
1	Gifts, grants, contributions, and						+	
-	membership fees received (Do no	t 55,824,62	71,867,597	80,810,700	86,342,672	88,250,7	763	383,096,360
	ınclude any "unusual	33,024,02	71,007,337	00,010,700	00,542,072	00,230,		303,070,300
	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	FF 024 6	74 067 507	00.040.700	06.242.672	00.250	762	202.006.260
4	Total. Add lines 1 through 3	55,824,62	28 71,867,597	80,810,700	86,342,672	88,250,7	/63	383,096,360
5	The portion of total contributions							
	by each person (other than a governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11, column							
	(f)						-	
6	Public Support. Subtract line 5 from line 4							383,096,360
5	ection B. Total Support							
	endar year (or fiscal year	() 2225	(1) 2006	() 2 2 2 7	/ IN 2000	() 2 2 2 2	\top	
	beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009		(f) Total
7	A mounts from line 4	55,824,628	245,413	80,810,700	86,342,672	88,250,7	63	383,096,360
8	Gross income from interest,							
	dividends, payments received	22,400	245 412	F01 600	224 425	107.3		1 107 006
	on securities loans, rents,	32,408	245,413	501,699	221,125	197,2	.51	1,197,896
	royalties and income from similar sources							
9	Net income from unrelated						\vdash	
-	business activities, whether or	71,032						71,032
	not the business is regularly	71,032						71,032
	carried on						-	
10	Other income (Explain in Part							
	IV) Do not include gain or loss from the sale of capital	30,780	191,429	501,577	95,005	57,4	85	876,276
	assets							
11	Total support (Add lines 7							385,241,564
	through 10)							363,241,304
12	Gross receipts from related activit	ies, etc (See ins	structions)			12		
13	First Five Years If the Form 990 is	for the organizat	tion's first, second	, thırd, fourth, or f	ifth tax year as a 5	501(c)(3) org		_
	check this box and stop here						•	·
S	ection C. Computation of Pu	blic Support	Dercentage					
14	Public Support Percentage for 200			11 column (f))		14		99 440 %
	Public Support Percentage for 200			11 column (1))				
15		•	•			15		99 400 %
16a	33 1/3% support test—2009. If the and stop here. The organization qu				line 14 is 33 1/3%	or more, che	ckthis	s box ▶▼
ь	33 1/3% support test—2008. If the	•			ia, and line 15 is 3	3 1/3% or m	ore, ch	•
	box and stop here. The organization	-			,	•	,	▶ □
17a	10%-facts-and-circumstances test		-		, ,			
	is 10% or more, and if the organiza							
	in Part IV how the organization me	ets the "facts an	id circumstances"	test The organiz	ation qualifies as a	a publicly sup		ı ▶⊏
b	organization 10%-facts-and-circumstances test	— 2008. If the or	ganization did not a	check a box on lir	ne 13.16a.16h o	r 17a and line		-1
-	15 is 10% or more, and if the orga						-	
	Explain in Part IV how the organiza						licly	_
	supported organization			بدر جرب	4-1			►□
18	Private Foundation If the organiza	tion did not chec	k a box on line 13,	16a, 16b, 17a o	r 17b, check this b	oox and see		▶ □
	ınstructıons							F-1

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar 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 ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that				+		
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
	business activities not included						
	ın lıne 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes here	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

DLN: 93493195008130

OMB No 1545-0047

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

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

Open to Public

Inspection If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B Section 527 organizations Complete Part I-A only If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization Employer identification number Educational Media Foundation 94-2816342 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? □ No Was a correction made? **4a** If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 1 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Pa	Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).					
	Check If the filing organization belongs to a Check If the filing organization checked box		d" provisions apply	,		
<u> </u>	Limits on Lobbying E (The term "expenditures" means ar	Expenditures			(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	yıng)			
c	Total lobbying expenditures (add lines 1a and 18	b)				
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount f	from the following table	ın both			
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxa 20% of the amount on lir				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	0		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,0	000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,00	00		
	Over \$17,000,000	\$1,000,000				
		•				
g	Grassroots nontaxable amount (enter 25% of lin	ne 1 f)				
h	Subtract line 1g from line 1a If zero or less, enter	er -0-				
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -				
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file F	orm 4720 repoi	rtıng	┌ Yes ┌ No
	(Some organizations that made a columns below. See the	he instructions fo	ection do not l r lines 2a thro	nave to com ugh 2f on pa		ne five
	Lobbying Exp	enditures During	4-Year Averag	ing Period	I	ı
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots non-taxable amount					

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768
	(election under section 501(h)).

		(a	a)	(b)	
		Yes	No	A mount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?		No		
ь	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes			
c	Media advertisements?		Νo		
d	Mailings to members, legislators, or the public?		Νo		
e	Publications, or published or broadcast statements?		Νo		
f	Grants to other organizations for lobbying purposes?		Νo		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		0	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo		
i	Other activities? If "Yes," describe in Part IV	Yes		8,525	
j	Total lines 1c through 1i			8,525	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No		
b	If "Yes," enter the amount of any tax incurred under section 4912				
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		•		
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
ь	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV **Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i

Also, complete this part for any additional information

Dues, assessments and similar amounts from members

Ident if ier	Return Reference	Explanation					
•		Involvement with the Christian Music Broadcasters Association, NAB, NRB					

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As Filed Data

DLN: 93493195008130

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

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

Internal Revenue Service ► Attach to Form 990. ► See separate instructions. **Employer identification number** Name of the organization Educational Media Foundation 94-2816342 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🛌 Number of states where property subject to conservation easement is located 🛌 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🕨 A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 🕨 🛊 🔛 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

following amounts required to be reported under SFAS 116 relating to these items

Part	•••• Organizations Maintaining Co	llections of Art	t, His	tori	<u>cal Tr</u>	eası	ıres, or O	<u>the</u>	<u>r Similar</u>	Ass	ets (c	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne fol	lowing tl	hat ar	re a significa	int u	se of its co	llectio	n	
а	Public exhibition		d	Γ	Loan o	rexc	hange progr	ams				
b	Scholarly research		e	Γ	Other							
С	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ain hov	w the	y furtheı	r the	organızatıon	's ex	cempt purpo	se in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			,					nılar	Г	Yes	Г No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an						n answere	d "Y	es" to For	m 99	0,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterm	ediary	for c	ontribut	ions	or other ass	ets	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ving t	able		Γ			A mo	unt	
c	Beginning balance							1c				
d	Additions during the year		1d									
e	Distributions during the year											
f	Ending balance						T	1e 1f				
2a	Did the organization include an amount on Fo	orm 990. Part X. lin	e 21?				<u>L</u>				Yes	┌ No
	If "Yes," explain the arrangement in Part XIV									,		,
	rt V Endowment Funds. Complete		n ans	were	ed "Yes	s" to	Form 990.	Par	t IV. line	10.		
		(a)Current Year)Prior			vo Years Back		Three Years B		e) Four Y	ears Back
1a	Beginning of year balance											
b	Contributions											
c	Investment earnings or losses											
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the yea	r end balance held	as									
а	Board designated or quasi-endowment 🕨	%										
ь	Permanent endowment 🕨 %											
с	Term endowment ► %											
3a	Are there endowment funds not in the posses	ssion of the organiz	ation	thata	are held	and a	administered	d for	the			
	organization by								г		Yes	No
	(i) unrelated organizations					•		•		3a(i)		<u> </u>
	(ii) related organizations					•		•		3a(ii))	<u> </u>
ь 4	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the second secon	•						•	[3b		<u> </u>
	t VI Investments—Land, Buildings)	art V line	10				
rai	TVI Investments—Land, Buildings	s, and Equipme	iii. 3						(=) (=================================			
	Description of investment				Cost or o		(b) Cost or ot basis (othe		(c) Accumu depreciati		(d) Bo	ook value
1a	Land		•		2,41	7,000	2,728	,143				5,145,143
b	Buildings		•				10,791	,611	1,47	9,652		9,311,959
c	Leasehold improvements		•				940	,025	20	9,087		730,938
d	Equipment		•				53,244	,981	35,06	3,275	1	8,181,706
	Other						8,973	,306	-	2,332		1,920,974
Tota	I. Add lines 1a-1e (Column (d) should equal Fo	orm 990, Part X, colu	mn (B,), line	10(c).)				▶		3	35,290,720
									Schedu	ıle D (Form 9	90) 2009

Part VII Investments—Other Securities. See (a) Description of security or category		(c) Method of valuation
(including name of security)	(b)Book value	Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. See		13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
	(-,	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Dark TV Other Access Con Form 000 Dark V Lo	ne 15	
Part IX Other Assets. See Form 990, Part X, lin		43.5
(a) Descrip		(b) Book value
	etion	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X	5.)	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	

Par	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ITS
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8
9	Total adjustments (net) Add lines 4 - 8	9
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10
	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	
1	Total revenue, gains, and other support per audited financial statements	1
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12	
а	Net unrealized gains on investments	
ь	Donated services and use of facilities	
c	Recoveries of prior year grants	
d	Other (Describe in Part XIV) 2d	
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	
b	Other (Describe in Part XIV) 4b	
c	Add lines 4a and 4b	4c
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
а	Donated services and use of facilities	
ь	Prior year adjustments	1
c	Other losses	1
d	Other (Describe in Part XIV) 2d	1
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIV)]
c	Add lines 4a and 4b	4c
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5
Par	t XIV Supplemental Information	
	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete t	

Identifier Return Reference Explanation

additional information

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DLN: 93493195008130

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization Educational Media Foundation

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

94-2816342 Questions Regarding Compensation Yes Νo Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No." complete Part III to explain **1**b Νo Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Νo Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee ✓ Written employment contract Compensation survey or study Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? Yes 4a 4Ь Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo Participate in, or receive payment from, an equity-based compensation arrangement? 4c Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? 5a Νo 5b Any related organization? Νo If "Yes," to line 5a or 5b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? Νo Any related organization? 6Ь Νo If "Yes," to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Νo Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8 Νo If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

section 53 4958-6(c)?

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Mike Novak	(I) (II)	343,792 0	110,000 0	9,628 0	22,549 0	20,229 0	506,198 0	
Jon Taylor	(I) (II)	249,759 0	0	295 0	7,621 0	20,867 0	278,542 0	
David Pierce	(ı) (ıı)	217,394 0	0 0	30 <i>9</i> 0	8,878 0	11,659 0	238,240	
Joseph Miller	(ı) (ıı)	215,609 0	203 0	466 0	8,744 0	22,400 0	247,422 0	
Rick Rolfing	(ı) (ıı)	163,499 0	15,000 0	608	0	16,489 0	195,596 0	
Alan Mason	(ı) (ıı)	136,812 0	20,000	756 0	6,346 0	16,057 0	179,971 0	
Sam Wallington	(ı) (ıı)	150,549 0	5,203 0	184	6,266 0	16,256 0	178,458 0	
Kolin Whipple	(ı) (ıı)	147,023 0	0	960 0	6,174 0	14,650 0	168,807 0	
Dan Rice	(ı) (ıı)	161,684 0	204	600	6,641 0	10,588	179,717 0	
Jon Rivers	(ı) (ıı)	0	0 0	261,543 0	3,659 0	0	265,202 0	
Richard Jenkins	(ı) (ıı)	0	0 0	300,000		13,196 0	313,196 0	

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
		Mike Novak was provided first class travel which was not treated as taxable compensation. The organization's unwritten policy, as approved by the Board of Directors, has been to provide air cabin upgrades for air travel exceeding two and half hours, but only for individuals whose physical challenges require the extra space
	Part I, Line 4a	Richard Jenkins and Jon Rivers received severance payments in the amount of \$300,000 and \$261,543 respectively

Schedule J (Form 990) 2009

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

DLN: 93493195008130

OMB No 1545-0047

Open to Public

Inspection

Schedule K (Form 990) 2009

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service Name of the organization

Educational Media Foundation

Employer identification number

94-2816342

										94-28	316342				
P	art I Bond Issues									•					
	(a) Issuer Name	(b) Issuer EIN (c) CUSIP #		(d) Date	e Issued	(e) Issue	Price	(f) De	urpose	(g) Defeased		(h) Beha Iss	lfof		
											Yes	No	Yes	No	
A	CO Educational & Cultural Facilities Authority	84-0896727		05-22	-2008	19,	278,396	Station Ac	quisition			X		X	
В	CO Educational & Cultural Facilities Authority	84-0896727		05-22	-2008	9,	931,012	Station Ac	quisition			х		Х	
С	CO Educational & Cultural Facilities Authority	84-0896727		11-13-2003		6,	800,000	Headquarte	ers Acquisitio		x	×			
D	Town of Morrison Colorado	84-6002971		12-30-2003		14,500,000 Station A cqu			quisition			×		×	
E	CO Educational & Cultural Facilities Authority	84-0896727		06-21-2006		9,633,183		3 Station Acquisition					X		
Pā	rt II Proceeds														
	Total proceeds of sour		A		В		(D			E			
1	Total proceeds of issue			19	9,278,396	9	,931,013	•	5,800,000	1	4,500,000)	9,63	33,183	
2	Gross proceeds in reserve funds														
3	Proceeds in refunding or defeasai	nce escrows													
4	Other unspent proceeds				583,501		583,501								
5	Issuance costs from proceeds			263,726		135,855		24,194			515,912		255,942		
6	Working capital expenditures from														
7	Capital expenditures from procee	eds		19	9,278,396	9	,347,512		6,800,000		14,500,000		9,633,183		
8	Year of substantial completion			200		200		20		20			2006		
				Yes	No	Yes	No	Yes	No	Yes	No	Yes		No	
9	Were the bonds issued as part of	_			X		X		Χ		Х			Х	
10	Were the bonds issued as part of	an advance refunding issu	e?		Χ		Χ		X		Х			X	
11	Has the final allocation of procee	ds been made?		Χ			X	X		X		X			
12	Does the organization maintain a the final allocation of proceeds?		s to support	X		X		Х		X		Х			
Pa	rt IIII Private Business Use				_										
				Yes	A No	Yes	B No	Yes	C No	Yes	D No	Yes	E	No	
1	Was the organization a partner in which owned property financed by		r of an LLC,	163	X	1 63	×	165	X	1 63	×	163	•	X	
2	Are there any lease arrangement which may result in private busin	s with respect to the financ	ed property		X		x		X		×			X	

Cat No 50193E

Schedule K (Form 990) 2009

Part III Private Business Use (Continued)

Lett	Private business use (Continued)										
		A Yes	No	B Yes	No	C Yes	No	Yes) No	Yes E	No
3a	A re there any management or service contracts with respect to the financed property which may result in private business use?		X		X		X		X		X
3b	Are there any research agreements with respect to the financed property which may result in private business use?		х		Х		X		X		X
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	Х		X		X		X		x	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government										
5 6	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? IV Arbitrage	X		X		X		X		X	
Pal	Al Dittage	Α		В		С		D		E	
	Yes	No	Yes	No No	Yes	C No	Υe		No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		ies		res					Tes	
		Х		X		Х			X		X
2	Is the bond issue a variable rate issue?	X		×		Х			X		X
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and										
	records?	X		Х		X			Χ		X
ь	Name of provider										
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?	X		X		x			X		X
ь	Name of provider										
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	Х		X		Х			X		X
5	Were any gross proceeds invested beyond an available temporary period?	Х		х		Х			X		X
6	Did the bond issue qualify for an exception to rebate?	Х		Х		x			X		X
									Schedule H	〈 (Form 990) 2	2009

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -Schedule K

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DLN: 93493195008130

OMB No 1545-0047

Schedule K (Form 990) 2009

Employer identification number

Open to Public Inspection

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a, Provide descriptions, explanations, and any additional information in Schedule O (Form 990).

Internal Revenue Service

Educational Media Foundation

(Form 990)

► Attach to Form 990. ► See separate instructions. Department of the Treasury Name of the organization

94-2816342 **Bond Issues** (h) O n (g) Defeased Behalf of (a) Issuer Name (b) Issuer EIN (c) CUSIP # (d) Date Issued (e) Issue Price (f) Description of Purpose Issuer Yes No Yes CO Educational & Cultural Facilities Authority 84-0896727 06-21-2006 5.700.000 Station Acquisition Χ Х Proceeds Part II Α В C D Ε Total proceeds of issue 5,700,000 Gross proceeds in reserve funds 2 Proceeds in refunding or defeasance escrows 3 Other unspent proceeds Issuance costs from proceeds 151,442 Working capital expenditures from proceeds Capital expenditures from proceeds 5,700,000 Year of substantial completion 2006 Yes No Yes Yes Yes No Yes No Were the bonds issued as part of a current refunding issue? Х 9 Were the bonds issued as part of an advance refunding issue? Х 10 Has the final allocation of proceeds been made? Χ 11 Does the organization maintain adequate books and records to support 12 Χ the final allocation of proceeds? Part III **Private Business Use** В С Ε Α D Yes No Yes No No Yes No Yes Yes No Was the organization a partner in a partnership, or a member of an LLC, 1 Х which owned property financed by tax-exempt bonds? Are there any lease arrangements with respect to the financed property Х which may result in private business use?

Cat No 50193E

Sche	edule K (Form 990) 2009											Page 2
Par	Trivate Business Use (Continued)											
			A		В			C		D		E
		Yes	No	•	⁄es	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		X									
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X									
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	Х										
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government											
5 6	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government Total of lines 4 and 5											
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	х										
Pa	rt IV Arbitrage											
	•	Α		В			С		D		E	
	Yes	No	Y	'es	No	Yes	;	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to											
	the bond issue?	X										
2	Is the bond issue a variable rate issue?	×										

	the bond issue?	X
2	Is the bond issue a variable rate issue?	x
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?	x

Χ

Χ

b	Name	of	provider
---	------	----	----------

_	Tarm	٥f	hedae
_	1 61111	UΙ	neuue

Were gross proceeds invested in a GIC?	
--	--

c Term of GIC

4a

- **d** Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?
- Were any gross proceeds invested beyond an available temporary period?
- 6 Did the bond issue qualify for an exception to rebate?

DLN: 93493195008130

OMB No 1545-0047

Open to Public Inspection

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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

Transactions with Interested Persons

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

Name of the organization Educational Media Foundation

Employer identification number

94-2816342

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

(a) Name of disqualified person 1

(b) Description of transaction

(c) Corrected?

Yes No

2	Enter the amount of tax imposed on the organization managers or disqualified persons during the year under
	section 4958
3	Enter the amount of tax, If any, on line 2, above, reimbursed by the organization

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c)Original principal amount	(d)Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	То	From			Yes	No	Yes	No	Yes	No
Mıchael Novak Split-Dollar Life Insurance		x	20,000	20,000		Νο	Yes		Yes	
Mıchael Novak Split-Dollar Life Insurance		×	11,600	11,600		Νο	Yes		Yes	

31,600

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person

(b) Relationship between interested person and the organization

(c)A mount of grant or type of assistance

Part IV **Business Transactions Involving Interested Persons.**

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

(a) Name of interested person

(b) Relationship between interested person and the organization

(c) A mount of transaction

(d) Description of transaction

(e) Sharing of organization's revenues?

Emil Kallına Member-Board of Directors

29,049 Legal Service

Νo

No

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Schedule L (Form 990 or 990-EZ) 2009

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

NonCash Contributions

Internal Revenue Service Name of the organization Educational Media Foundation

Employer identification number

94-2816342

Pa	Tt I Types of Property			<u></u>				
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of de reven	etermın	ning	
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .	Х	8	13,819	Fair Market Value			
	Securities—Closely held stock .							
	Securities—Partnership, LLC, or trust interests							
	Securities—Miscellaneous							
13	Q ualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial	Х	1	2,417,000	A pprais al			
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
	O ther ▶ ()							
26	O ther ▶()							
	O ther ▶()							
28	O ther ► ()							
29	Number of Forms 8283 received for which the organization compl				29		Yes	No
30a	During the year, did the organiza	ition receiv	e by contribution any prope	rty reported in Part I. lines	1-28 that it	$\overline{}$		
	must hold for at least three year					1		
	for exempt purposes for the entire					30a		No
b	If "Yes," describe the arrangeme					30a		
31	Does the organization have a gif	tacceptand	e policy that requires the i	review of any non-standard	contributions?	31		Νο
32a	Does the organization hire or use contributions?	e third parti	es or related organizations	to solicit, process, or sell i	non-cash	32a		Νο
	If "Yes," describe in Part II If the organization did not report	revenuesı	n column (c) for a type of p	roperty for which column (a) is checked,			
	describe in Part II					$oxedsymbol{oxed}$		

Page 2

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2009

SCHEDULE 0

Department of the Treasury
Internal Revenue Service

(Form 990)

Supplemental Information to Form 990

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

Attach to Form 990.

2009

Open to Public Inspection

Name of the organization
Educational Media Foundation

Employer identification number

94-2816342

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		It is Educational Media Foundation's (EMF) policy that its Board of Directors will review the IRS Form 990 that is filed on EMF's behalf prior to filing with the IRS. A Board resolution is not required in order for the Form 990 to be filed, however, a period of one week will be the standard review time frame, during which any questions or concerns will be addressed. The means of delivery of the Form 990 shall be via email to each Director.
Form 990, Part VI, Section B, Inne 12c		All Board members are aware of the Policy on Conflicts of Interest. If any Board member is ever in a position of a potential conflict of interest, the full Board will be made aware of the potential conflict and the Board, less the conflicted member, will determine the appropriate resolution. Additionally, all employees are required to sign a conflict of interest statement. In the event an employee does have a potential conflict of interest, the potential is raised to the Chief Financial Officer, and any appropriate measures are taken. In the case of an employee with a financial interest in a vendor that does business with the Ministry, competitive bids are obtained to verify that the Ministry is obtaining the optimal value for goods or services.
Form 990, Part VI, Section B, Inne 15		The compensation of officers and key employees, including the CEO is under the direction of the independent Board of Directors. Comparability studies of market compensation levels for each position are conducted for these employees as well. The Board of Directors deliberates in Executive Session to approve the compensation of the CEO, with the other salaries deliberated on during the formal budget review process.
Form 990, Part VI, Section C, line 19		The Organization makes its governing documents available to the public upon request, its conflict of interest policy is available upon request, and financial statements are available on Guidestar's wiebsite, Evangelical Council for Financial Accountability (ECFA) wiebsite, and upon request

DLN: 93493195008130

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R (Form 990)

Educational Media Foundation

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service

27-0169778

Rocklin, CA 95765 26-6579467

Name of the organization

Employer identification number

94-2816342

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)								
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity			
Brockport Licenses LLC 5700 West Oaks Blvd Rocklin, CA 95765 20-3617900	FCC Licensee	DE		ı	N/A			
EMF Property Holdings 5700 West Oaks Blvd Rocklin, CA 95765	Manage Assets	CA	2,431,934	2,431,934	N/A			

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
EMF Corporation					
5700 West Oaks Blvd	Supporting Organization	DE	501(c)(3)	Line 11a, I	N/A
Rocklin, CA 95765 26-2472472					
K-Love & Air1 Foundation					
5700 West Oaks Blvd	Supporting Organization	DE	501(c)(3)	Line 11a, I	N/A

20-3617900

(c)

(j)

Yes

No

(h)

Yes

No

(i)

Code V-UBI

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV,	line 3
	because it had one or more related organizations treated as a partnership during the tax year.)	

(e)

(d) Direct controlling **(f)** Share of total income Disproprtionate General or (b) Legal (a) (g) Predominant income Primary activity allocations? amount in box 20 of managing Name, address, and EIN of domicile Share of end-of-year (related, unrelated, related organization (state or entity assets Schedule K-1 partner? excluded from tax (Form 1065) foreign under sections 512country) 514)

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete of the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
El Dorado Licenses Inc 5700 West Oaks Blvd Rocklin, CA95765	FCC Licensee	KS	Educational Media Foundation	С	-174,110	115,933	100 000 %

Dort V	Transactions With Polated Organizations	(Complete if the organization answered "Ve	s" on Form 000	Dart IV June 24 25 or 26 \
raitv	Transactions With Related Organizations	(Complete il tile organization answered Te	:5 UII I UI III 33U,	raitiv, line $34, 33, 01 30.)$

	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
1 D	Ouring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to other organization(s)	1b	Yes	
c	Gıft, grant, or capital contribution from other organization(s)	1c		No
d	Loans or loan guarantees to or for other organization(s)	1d		No
e	Loans or loan guarantees by other organization(s)	1e		No
f	Sale of assets to other organization(s)	1 f		No
g	Purchase of assets from other organization(s)	1 g		No
h	Exchange of assets	1h		No
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
ı	Performance of services or membership or fundraising solicitations by other organization(s)	11		No
m	1 Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n	Sharing of paid employees	1n		No
o	Reimbursement paid to other organization for expenses	10		No
р	Reimbursement paid by other organization for expenses	1 p		No
•				
q	O ther transfer of cash or property to other organization(s)	1q		No
-	O ther transfer of cash or property from other organization(s)	1r		No
_	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			
2	trithe answer to any or the above is Yes, see the instructions for information on who must complete this line, including covered relationships and transaction thresholds (b)			
	Name of other organization Name of the organization		c) involve	d
	type(a-r)			

	Name of other organization	type(a-r)	Amount involved
(1) EMF Corporation		В	21,789
(2) K-Love & Air1 Foundation		В	24,598

(4) (5)

(3)

. . .

(6)

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

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

(a)
Name, address, and EIN of entity

(b) Primary activity (c) Legal domicile (state or foreign country) (d)
Are all
partners
section
501(c)(3)
organizations?

Yes No

(e) Share of end-of-year assets **(f)** Disproprtionate allocations?

No

Yes

(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (h) General or managing partner?

Yes No

DLN: 93493195008130

OMB No 1545-0172

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury See separate instructions. Attach to your tax return. Sequence No 67 Internal Revenue Service Name(s) shown on return Business or activity to which this form relates **Identifying number** Educational Media Foundation Form 990 Page 10 94-2816342 **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. 250.000 2 2 Total cost of section 179 property placed in service (see instructions) 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 (b) Cost (business use (a) Description of property 6 (c) Elected cost only) 6 **7** Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 9 Tentative deduction Enter the smaller of line 5 or line 8 **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 12 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 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. 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 **15** Property subject to section 168(f)(1) election . . . **16** Other depreciation (including ACRS) 16 12.990.588 MACRS Depreciation (Do not include listed property.) (See instructions.) 17 MACRS deductions for assets placed in service in tax years beginning before 2009 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 Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (g)Depreciation year placed in (business/investment (e) Convention (f) Method deduction property period service use only—see instructions) 19a 3-year property **b** 5-year property c 7 - year property d 10-year property e 15-year property **f** 20-year property S/L g 25-year property h Residential rental 27 5 yrs ΜМ S/L property 27 5 yrs ΜМ S/L 39 yrs S/L i Nonresidential real property 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 ΜМ S/L Part IV **Summary** (see instructions) 21 Listed property Enter amount from line 28 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here 12,990,588 and on the appropriate lines of your return Partnerships and S corporations—see instructions

23 For assets shown above and placed in service during the current year, enter the

Form 4562 (2009) Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depre	ciation ar	nd Other I	nforma	tion (C	aution	: See	the i	nstruct	ions for	limit	s for p	asseng	er au	tomol	biles.)
24a Do you have evidence	e to support	the business/in	vestment ι	use claimed	d? ┌Yes	Гпо		24	lb If "Yes,	" is the	ev idenc	e written?	Γ _Y e	sГn	o
								·							
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(c Cost o ba	rother	(busines	(e) deprecia s/investr e only)		(f) Recovery period	(g) Metho Conven	d/	Depre	h) ciation/ uction		(i) Electe section cost	179
25Special depreciation allow	· ·		erty placed	ın service (during the	tax year	and u	ised more		25					
50% in a qualified busing	•								1.	25					
26 Property used more	than 50%	in a qualified %	business	use	<u> </u>				I	<u> </u>					
		%								- 					
		%													
27 Property used 50%	or less in a		siness us	е											
		%							S/L - S/L -				_		
		%							S/L -	-+			-		
28 Add amounts in col	lumn (h) lir	l	ıh 27 En	ter here a	and on lu	ne 21	nage	1 .		28					
29 Add amounts in col						, ,	5-					29			
29 Add amounts in co	iuiiiii (1), iiiii		ction B			·		of Voh	· ·			29			
Complete this section i	for vehicles									or rel	ated pe	rson			
If you provided vehicles to y													e vehic	les	
30 Total business/inv	estment mi	les driven du	rına the		a)		b)		(c)	١	(d)	(€	•	1	(f)
year (do not includ				Vehi	cle 1	Vehi	cle 2	V e	hicle 3	V e	hicle 4	Vehi	cle 5	Veh	ıcle 6
						1		-				-			
31 Total commuting m						-									
32 Total other persona	al(noncomm	nuting) miles	drıven												
33 Total miles driven of through 32 .	during the y	ear Add line	s 30												
34 Was the vehicle av	aılable for p	ersonal use		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
during off-duty hou	rs? .														
35 Was the vehicle us owner or related pe		by a more t	han 5%												
36 Is another vehicle		r personal us	se? .												
Sectio	n C—Oue	stions for	Emplo	vers W	ho Pro	vide \	/ehi	cles f	or Use	bv T	heir E	mplov	ees	1	
Answer these question 5% owners or related p	s to determ	iine if you me	et an exc											not mo	re thar
37 Do you maintain a vemployees?	written polic	y statement	that prof	nibits all	personal	use of	vehi	cles, ind	luding c	ommu •	ting, by	your •	Y	'es	No
38 Do you maintain a vemployees? See th		•	•	•											
39 Do you treat all use	of vehicles	s by employe	es as pei	rsonal us	e? .										
40 Do you provide mor				oyees, ol	btaın ınfo	rmatio •	n froi	m your e	mployee	s abo	ut the u	se of the			
41 Do you meet the re				automobi	le demor	nstratio	n us	e? (See	ınstruct	ons)					
Note: If your answe	er to 37, 38	, 39, 40, or 4	11 is "Ye	s," do no	t comple	te Sect	ion E	for the	covered	vehic	les				
Part VI Amortiz															
		(b)						(4)		(e)			/6\		
(a) Description of co	osts	Date amortizatio begins	n	A mort amo	ızable		((d) Code ection	per	rtızatıd 10d or entag			(f) rtızatı nıs ye		
42 A mortization of cos	te that has		Ur 2000	tay year	(see inc	truction	٦ς١		I beic	Jincay	-				
TE A INCIDIZATION OF COS	, is that bey	inis during ye	1	can year	(366 1115		13)		<u> </u>						
						-+			_						
		1.6	2555							T					
43 A mortization of cos	_					•	•			43	_				
44 Total. Add amounts	s ın column	(f) See the I	nstructio	ns for wh	ere to re	port				44	.				

Additional Data

Software ID:

Software Version: EIN: 94-2816342

Name: Educational Media Foundation

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Network operations	12,925,373	12,925,373		
Engineering	2,254,233	2,254,233		
Banking and cash proc	1,055,395	1,002,625	52,770	
Repairs and maintenance	357,206	288,493	40,090	28,623
Printing & publications	338,960	254,220	33,896	50,844