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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)

OMB No 1545-0047

2009

Department of the Treasury

Open to Public

		nue Service	<u> </u>		may have to use a cor	by of this return	to satisfy sta	te repo	rting red	uiremen	ts	Inspection
<u>A</u> 1	For the	e 2009 calendar y	year, or	tax year beginnin			, 2009,	and en	ding			, 20
В (Check if		Please	C Name of organizati	on LMN PUBLISHING	G, INC						D Employer identification no.
/	Address		se IR\$ abel or	Doing Business As	<u>. </u>		. <u>.</u>					94-3181419
r==1	Name ch	ialige	rint or type. See	Number and street 414 ZAPADA	(or P O box if mail is not del ROAD	ivered to street add	ress)		Room	√suite		E Telephone number
=; ; 1	ferminat		pecific istruc-	City or town, state of	or country, and ZIP + 4	-						G Gross receipts
	Amende	1 "2	bons.	ST. MARIES,	· ·						1	s 1,460,421
==		<u> </u>	Name	and address of principal	al officer JEFF REIC	H						<u></u>
-			414	ZAPADA ROAD,	ST. MARIES, ID	83861			H(a)	is this a gr affiliates?	roup re	tum for Yes X No
1 1	Tax-exer	npt status X	501(c) (3) ◀ (insert no)	4947(a)(1) or	527			Н(р)	Are all affi	liates ii	ncluded? Vee No.
J	Nebsite:	b == /=							H(c)	If "No," att Group exe	ach a la emption	ist (see instructions)
K F	orm of o	organization X Co	rporation	Trust Associ	aation Other		L Year of forma	stion 1	993	M State	of leg	al domicile ID
Pa	rt I	Summary					•			1		
	1	Briefly describe	the org	janization's missio	n or most significant ac	ctivities	PROMULGAT	ION (OF THE	GOSPI	EL	
_												
A C G												
t o	1											
v e Буг	2	Check this box	▶ ☐ If	the organization d	discontinued its operati	ons or disposed	d of more that	n 25%	of its ne	t assets		
5 n	3	Number of votin	ng mem	bers of the govern	ning body (Part VI, line	1a) • • • • •					_ 3	6
Ja e n	4	Number of indep	penden	t voting members	of the governing body	(Part VI, line 1b) • • • • •				4	5
9 c	5	Total number of	f employ	yees (Part V, line 2	2a) • • • • • • • • •	• • • • • • •					5	0
ga e	6	Total number of	f volunte	eers (estimate if ne	ecessary) • • • • •	• • • • • •					6	
	7a	Total gross unre	elated b	usiness revenue f	from Part VIII, column (C), line 12 • ·					7a	0
<u> </u>	b	Net unrelated bu	usiness	taxable income fr	om Form 990-T, line 3	4 • • • • •					7b	0
) UR						·			Pı	ior Year		Current Year
IJK ⊋e	8	Contributions ar	nd gran	ts (Part VIII, line 1I	h)	• • • • • • •		••		1,103	, 465	1,092,090
Ş۷ Şe	9			ue (Part VIII, line 2		7		• • [0
Per ve nu e	10				, lines 3, 4, and 7d)		}	$\cdot \cdot \lceil$			332	(100,613)
றிய இe	11	Other revenue (Part VII	II, column (A), lines	s 5, 6d, Զ գր <mark>9</mark> c, 10c, an	d 11e) • • • •	7:21	$\cdot \cdot \lceil$		111	, 631	164,691
	12	Total revenue - a	add line	s 8 through 11 (m	nust equal Part (A) (col	մ[mrh](A) ₎ [որբ _ի 12	<u> </u>	• •		1,215	, 428	1,156,168
	13	Grants and simil	lar amo	unts paid (Part IX,	, column (A), lines 1-3)	~	160	• •		255	,881	. 222,732
Ε	14				column (A), line 4)		œ- ····	••				0
x	15	Salaries, other c	compen	sation, employee t	benefits (Part X ballur	近例, lide\$15-1	0)	• •	· ·	209	, 302	222,969
p e	16a	Professional fun	idraisin	g fees (Part IX, col	lumn (A), line 11e) •			••[0
n s	Ь	Total fundraising	g expen	ises (Part IX, colun	nn (D), line 25) 🕨		0	[]	* * * %		-	
e	17	Other expenses	(Part I)	(, column (A), lines	s 11a-11d, 11f-24f)		• • • • • •	$\cdot \cdot \lfloor$		629	,203	789,111
s	18	Total expenses	Add lit	nes 13-17 (must ed	qual Part IX, column (A	(), line 25) • •	• • • • • •	••		1,094	386	1,234,812
	19	Revenue less ex	kpenses	Subtract line 18	from line 12 · · · ·	· · · · · · · ·		••		121	,042	(78,644)
Vet								В	eginning (of Current \		End of Year
Assets or	20	•		•	• • • • • • • • • • • • • • • • • • • •			••		698	,062	634,176
und Bal-	21	•			• • • • • • • • • • • • •			· ·		5	,166	
nces		Net assets or fur	nd bala	nces Subtract line	e 21 from line 20 · ·	• • • • • • •	• • • • • •	••		692,	896	614,255
Par	t II	Signature I										
		and belief, it is true	penury, I e, correge,	declare that I have exa and somplets Declara	amined this return, including a ation of preparer (other than o	accompanying sche ifficer) is based on a	dules and staten Il information of	nents, an which pri	d to the be eparer has	est of my kr s anv know	nowled ledae	ge
>:		(/)		/////		•		•	•		1	7/12/12
Sign				1100								8/13/10
Here	•	Signature of	•								Dat	e
				PRESIDENT								
		Type or print	name and	3 UCI (C		· 1_·-				1-		
		Preparer's			1111	Date		Check if self-				ntifying number ns)
aid		signature	T 2	MET T COT	1/// Last			employe	ed ►X	1 `		,
repa	rer's	L A WELLOCK 05-11-2010										
Jse O	nly	Timis hame (or yours						EIN				
		if self-employed), address, and ZIP +	- 4	POB 353	TD ASSC					.		
		<u>.</u>			es, ID 83861					▶208		
⊿av ti	ne IRS	aiscuss this retu	rn with	the preparer show	n above? (see instruct	ions) · · · ·						Y Yes No

Forn	1 990 (2009) LMN PUBLISHING, INC	94-3181419	.,Page 2
Pa	rt III Statement of Program Service Accomplishments	1	
1	Briefly describe the organization's mission		
	PROMULGATION OF THE GOSPEL		
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	· · · Yes	No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services? · · · · · · · · · · · · · · · · · · ·	· · · · Yes	<u>K</u> No
	If "Yes," describe these changes on Schedule O		
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants	and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported		
4a	(Code	\$780,	825)
	INDIA - SPONSER PASTORS AND BIBLE WORKERS IN		_ -
	EVAGALISM AND HEALTH OUT REACH. TRANSLATE AND		
	PUBLISH CHRISTIAN LITERATURE PHILLIPINES =- SUPPORT MISSIONARIES IN REMOTE		
	INDIGENOUS VILLAGES WHO PROVIDE HEALTH CARE, TRAININ		
	IN HEALTH , HYGIENE AND FARMING METHODS CHINA - SPONSER ENGLISH LANGUAGE TEACHER		
	SPONSERSHIP OF HEALTH OUT REACH SERVICE, TRANSLATION AND PUBLISHING OF BIBLES AND AUTOMOTIVE AU		
	CHRISTIAN LITERATURE. MEDICAL MISSIONARY AND EDUCATIONAL PROGRAMS. MAINTAIN MEDICAL AS A TRAVELLING CLINIC. TRAINING PROGRAMS IN BASIC HEALTH AND PREVENTIVE C		<u> </u>
		<u> </u>	
	CHRISTIAN, MISSIONARY AND HEALTH OUT REACH IN VARIOUS COUNTRIES		
4b	(Code) (Expenses \$ including grants of \$) (Revenue		
+1)	(Code) (Expenses \$ including grants of \$) (Revenue	\$	'
			
4c	(Code) (Expenses \$ including grants of \$) (Revenue	\$	
•	/ (Nevenue	Ψ	′
		·	
			
			
	011-01-01-01-01-01-01-01-01-01-01-01-01-		
d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$		
le	Total program service expenses 801,297		

Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A · · · · · · · · · · · · · · · · · ·	_ 1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		_ X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		_
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I · · · · · · · · · · · · · · · · · ·	6_		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"		1	
	complete Schedule D, Part IV	9		_X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		_X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,		1	
	VII, VIII, IX, or X as applicable · · · · · · · · · · · · · · · · · · ·	11	Х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI		l	
•	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		Ī	
	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		<u>X</u>
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No	İ	-	
	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		<u>X</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
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		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	.		
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	\rightarrow	<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance		- 1	
4-	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	_		
40	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	-+	<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	_		
4.0	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
	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	$-\!\!\downarrow$	<u>X</u>
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X

Pa	nrt IV Checklist of Required Schedules (continued)		,	
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations]]	
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	!	Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	1		
	employees? If "Yes," complete Schedule J	23	l	Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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		Х
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
_	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		х
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		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	<u> </u>		
~	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		v
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		~	X
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	-	-	
•	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		v
a b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	204		X
b	Schedule L, Part IV	28b		37
•	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a	200		X_
С				
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		3.7
20				<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		<u>X</u>
30		20	l	37
24	conservation contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Part • • • • • • • • • • • • • • • • • •		1	
22	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		<u>X</u>
32	Schedule N, Part II	32	[••
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- 32		<u>X</u>
33	sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I			.,
24	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	33		<u>X</u>
34	III, IV, and V, line 1 · · · · · · · · · · · · · · · · · ·			
0.5		34		<u>X</u>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete		- 1	
••	Schedule R, Part V, line 2 · · · · · · · · · · · · · · · · · ·	35		<u>X</u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	}		
~ -	organization? If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	ľ		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	}	}	
••	Part VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	_	\	
	19? Note, All. Form 990 filers are required to complete Schedule O	38	v	

Par	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			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			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	}		1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			ļ
	gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	,		
	Statements, filed for the calendar year ending with or within the year covered by this return • • • • • 2a 0	<u> </u>		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see			
	instructions) .			Į
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return? · · · · · · · · · · · · · · · · · · ·	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			ĺ
	account)? · · · · · · · · · · · · · · · · · · ·	4a		X
b	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank			
	and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? • • • • • • • • • • • • • • • • • • •	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction? • • • • • • • • • • • • • • • • • • •	5c		<u> </u>
	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		X
	If "Yes," did the organization include with every solicitation an express statement that such contributions or			1
	gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			ĺ
	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		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			i
	required to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year 7d			!
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e		
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7f		
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	7g	-	
	required? • • • • • • • • • • • • • • • • • • •	7h		ı
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		1	
	organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.	-		
	Did the organization make any taxable distributions under section 4966? • • • • • • • • • • • • • • • • • •	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 · · · · · · · · · · · · · · · · · ·	- 1		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities • • • • • • • • • 10b	[
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against	1		
	amounts due or received from them) · · · · · · · · · · · · · · · · · ·	1		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	1		

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Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and

for a "No'	' response to line 8a,	8b, or	10b below,	describe	the circumstances,	processes,	or changes in	
Cabadula	O Coo instructions							

	Schedule O See instructions			
Sec	ction A. Governing Body and Management			
_			Yes	No
1a	Enter the number of voting members of the governing body • • • • • • • • • • • • • • • • • • •	. (A)	3	
b	Enter the number of voting members that are independent • • • • • • • • • • • • • • • • • • •	1.3.3	1	1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			ļ
	any other officer, director, trustee, or key employee?	2		<u> X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct			1
	supervision of officers, directors or trustees, or key employees to a management company or other person? • • • • • • • • • • • • • • • • • • •	3	<u> </u>	X.
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X.
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	<u> </u>	X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	1		1
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	<u> </u>	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			Ž
а	The governing body? • • • • • • • • • • • • • • • • • • •	_8a	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b	X	L
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	l	X
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal			
Reve	enue Code)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		ļ
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11		Х
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990	,	- 2	* '
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13	<u> </u>	Х
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		,	3
а	The organization's CEO, Executive Director, or top management official	15a		
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		. 30	<u>(</u>)
va	with a taxable entity during the year?	16a		
h	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			X
D	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	A apr,	v	10 =0
	the organization's exempt status with respect to such arrangements?			*
·		16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed Section 5104 requires an exposuration to make its Forms 1023 (or 1024 if applicable), 900, and 900 T (F01(a)(2)) and 900 T			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply			
_	Own website Another's website X Upon request			
9	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
_	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization > JEFF REICH (208)245-5388			
	414 ZAPATA ROAD SATNT MARTES TO 83861			

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

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

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

hours per week 1 1 0 1 0 1 0 1 0 1 0 0	(F)	\ (a	(E)	(D)	1)	(C			(B)	(A) Name and Title					
Week	stimated	1				╛							Name and Title					
TERRI E PROUTY SECRETARY CRAIG HOUSTON BOARD 10.00 X STEVE PARKER DIRECTOR ROBERT PIELATE DIRECTOR MIKE LAMBERT	mount of other npensation from the ganization nd related ganizations	ot. compe fron organ and r	elated ations	from relate organizatio	from the organization	,	mp r mp r e o e	e y e m p l o y e	f c e	N								
TERRI E PROUTY SECRETARY CRAIG HOUSTON BOARD STEVE PARKER DIRECTOR ROBERT PIELATE DIRECTOR MIKE LAMBERT						✝		\top					F REICH					
TERRI E PROUTY SECRETARY CRAIG HOUSTON BOARD STEVE PARKER DIRECTOR ROBERT PIELATE DIRECTOR MIKE LAMBERT	(ĺ	0		43,990			x	х			50.00	SIDENT					
CRAIG HOUSTON BOARD 10.00 X STEVE PARKER DIRECTOR ROBERT PIELATE DIRECTOR MIKE LAMBERT						\top		7				· ·	RI E PROUTY					
CRAIG HOUSTON BOARD 10.00 X STEVE PARKER DIRECTOR X ROBERT PIELATE DIRECTOR X MIKE LAMBERT							i		x				RETARY					
STEVE PARKER DIRECTOR ROBERT PIELATE DIRECTOR X MIKE LAMBERT						\top		十					IG HOUSTON					
STEVE PARKER DIRECTOR ROBERT PIELATE DIRECTOR MIKE LAMBERT									ľ		Х	10.00	RD					
ROBERT PIELATE DIRECTOR X MIKE LAMBERT					_	T							VE PARKER					
DIRECTOR X MIKE LAMBERT											Х		ECTOR					
MIKE LAMBERT						T							ERT PIELATE					
		1			į						Х		ECTOR					
BOARD X						T							E LAMBERT					
						L					X		RD					
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				-		+	\dashv	+	\dashv									
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					1													
						Ť	1	\top	寸									
			$\neg \neg$		1	T		\top	\dashv									

P	art VII Section A. Officers, Directors, Trustees, K	ey Employe	es, an	d H	ighe	st C	ompe	nsat	ed Employees (co	ntinued)				
	(A) (B) (C) (D) (E Name and Title Average Position (check all that apply) Reportable Report												(F)	
	Name and Title	Average hours per	Positi I t d	$\overline{}$	т—	$\overline{}$	T	$\overline{}$	Reportable compensation	Reportable compensation			stimate: mount o	
		week	n r i	ln r	f	e	H c e ı o m g m p	0	from	from related	1		other	
			ı se	t s	1	y e	h p i	m	the organization	organizations (W-2/1099-MISC			npensat from the	
			ı e t d e o	t e	e	P P	s n y		(W-2/1099-MISC)	(**************************************	´	org	ganızatı	ion
			u r	1		o y	a e						nd relate janizatio	
			(r	o n		e e	e d							
				a										
				_	<u> </u>	<u> </u>	<u> </u>							
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			1								\dashv			
1b	Total · · · · · · · · · · · · · · · · · · ·		• • •			<u>. </u>			43,990		0			0
2	Total number of individuals (including but not limited to							re th	<u>. </u>		<u> </u>			
_	reportable compensation from the organization	motou	45000	,							0			
										.			Yes	No
3	Did the organization list any former officer, director or to	rustee, key e	employ	ee,	or h	ıghe	st com	pen:	sated			25		`
	employee on line 1a? If "Yes," complete Schedule J for									• • • • • • •	$\cdot \cdot $	3		X
4	For any individual listed on line 1a, is the sum of reporta						-				ľ			-
	the organization and related organizations greater than				-						-	<u>``</u>	<u> </u>	
5	Individual									• • • • • •	•	4	,	X
5	services rendered to the organization? If "Yes," complete						-				_	5	~~~×~=	v
Sac	ction B. Independent Contractors	to concadio	0 101 3	, acri	pei	3011								X
1	Complete this table for your five highest compensated i	ndependent	contra	actor	rs th	at re	ceived	l mo	re than \$100,000 o	of				
	compensation from the organization	·							,					
	(A)				_				(B)			(C)	
	Name and business address								Description of se	rvices	(Compe	nsation	
									1				 -	
										_			——	—
2	Total number of independent contractors (including but	not limited to	o those	e iısi	led a	abov	e) who	rec	eıved					
	more than \$100,000 in compensation from the organiza			-			,	. •			ŝ	₹ ₹,	(%	YÂL.

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Part '	VIII	Statement of Revenue					<u> </u>
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
	1a	Federated campaigns 1a			revenue	·	572,010,01014
	ь						
Contri-	c	Fundraising events · · · · · 1c	 -		}		
butions, gifts,	d						
grants	l e	Government grants (contributions) • • 1e	 				
and other	,	All other contributions, gifts, grants,					
similar	.	and similar amounts not included above 1f	1,092,090				
amounts	g	Noncash contributions included in lines 1a-1f \$		1			
	h	Total. Add lines 1a-1f		1,092,090			
			Business Code				
	2a						
	ь						
Program Service	c						
Revenue	ď						
	е						
	f	All other program service revenue · · · · · ·					
	g	Total. Add lines 2a-2f · · · · · · · · · · · · · · · · · · ·	• • • • • • •				
	3	Investment income (including dividends, interest,			-		
		other similar amounts)	· 1	8,930	8,930		
	4	Income from investment of tax-exempt bond prod					
	5	Royalties · · · · · · · · · · · · · · · · · · ·	• • • • • • •				
		(i) Real	(ii) Personal				
	6a	Gross Rents · · · · · ·			۰		
		Less rental expenses · · ·					
		Rental income or (loss) · · ·					
		Net rental income or (loss)	r				
	7a	Gross amount from sales of (i) Securities assets other than inventory 107, 917	(II) Other	į			
		· · · · · · · · · · · · · · · · · · ·					
	b	Less cost or other basis and sales expenses 217,460					
0	_	Gain or (loss) (109, 543					
t h		Net gain or (loss) · · · · · · · · · · · · · · · · · ·		(109,543	(109,543)	······································	
e		Gross income from fundraising		(200,010	, (203,013)		
r		events (not including \$			1		
R		of contributions reported on line 1c)					
e v		See Part IV, line 18 · · · · · · · a					
ė	b	Less direct expenses · · · · · b					
n u		Net income or (loss) from fundraising events •					
e	9a	Gross income from gaming activities	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
		See Part IV, line 19 · · · · · · · · a					
	ь	Less direct expenses · · · · · · · b					
	С	Net income or (loss) from gaming activities • •	• • • • • • •				
	10a	Gross sales of inventory, less					
j		returns and allowances · · · · · · · a	251,484				
}		Less cost of goods sold · · · · · · · b	86,793				ز
ļ	СС	Net income or (loss) from sales of inventory • •	• • • • • • •	164,691	164,691		
]		Miscellaneous Revenue	Business Code				
]	11a						
	b						
ļ	C	All old a second					
Į		All other revenue					
		Total. Add lines 11a-11d		1,156,168	64 070	d	
- 1	12	Total revenue. See instructions · · · · · ·	- · · · · · •	1,100,100	64,078	Ч	0

Part IX

Statement of Functional Expenses

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

_	All other organizations must complete colum	n (A) but are not requ	ired to complete colu	mns (B), (C), and (D).	·
_	o not include amounts reported on lines 6b, o, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1	Grants and other assistance to governments and		expenses	general expenses	expenses
•	organizations in the U.S. See Part IV, line 21 · · · · ·				
2	Grants and other assistance to individuals in			<u> </u>	
-	the U.S. See Part IV, line 22			S of Jane	B
3	Grants and other assistance to governments,		· · · · · · · · · · · · · · · · · · ·	***************************************	7, 7
,	organizations, and individuals outside the				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	U.S. See Part IV, lines 15 and 16 · · · · · · · · ·	222,732	222,732		3.7.
4	Benefits paid to or for members		2227.32		. X
5	Compensation of current officers, directors,				, M
•	trustees, and key employees	43,990		43,990	
6	Compensation not included above, to disqualified		 	43,330	<u> </u>
v	persons (as defined under section 4958(f)(1)) and				Ì
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages • • • • • • • • • • • • • • • • • • •	168,102	63,119	104,983	
8	Pension plan contributions (include section 401(k)	200,102	05,119	104,505	
J	and section 403(b) employer contributions) ••••••			İ	
9	Other employee benefits • • • • • • • • • • • • • • • • • • •		 	 	ļ
10	Payroll taxes · · · · · · · · · · · · · · · · · · ·	10,877	2,060	8,817	
11	Fees for services (non-employees)	20,077	2,000	0,017	
a	Management • • • • • • • • • • • • • • • • • • •				
b	Legal · · · · · · · · · · · · · · · · · · ·				
c	Accounting	1,580		1,580	
d	Lobbying			2,300	
e	Professional fundraising services See Part IV, line 17 •				
f	Investment management fees		<u> </u>	1	
g g	Other · · · · · · · · · · · · · · · · · · ·				<u> </u>
12	Advertising and promotion	· · · · · · · · · · · · · · · · · · ·	<u> </u>		
13	Office expenses	49,512	21,055	28,457	
14	Information technology			20,101	
15	Royalties	-			
16	Occupancy	44,427	3,787	40,640	
17	Travel · · · · · · · · · · · · · · · · · · ·	44,872	42,202	2,670	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	ł			
19	Conferences, conventions, and meetings · · · · · ·				
20	Interest · · · · · · · · · · · · · · · · · · ·	- ,,			
21	Payments to affiliates • • • • • • • • • • • • • • • • • • •		-		
22	Depreciation, depletion, and amortization • • • • • •	35,763	27,265	8,498	
23	Insurance				
24	Other expenses litemize expenses not	4	"	, , "	
	covered above (Expenses grouped together	*	* :	\$, <u>*</u>	v`* {, ^.'
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)	* * *	* ~ .	* *	nga wyat - n
а	PHONE	12,880	5,090	7,790	
b	REPAIRS AND MAINTENANCE	13,019	65	12,954	
c	PRINTING	42,910	42,910		
d	STATEMENT ATTACHED	544,148	371,012	173,136	
e			·		
f	All other expenses	-			
25	Total functional expenses. Add lines 1 through 24f • •	1,234,812	801,297	433,515	0
26	Joint Costs. Check here If following				
	SOP 98-2 Complete this line only if the		Ì		
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation • • • • • • • • • • • • • • • • • • •	ł			
				 	

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Part X **Balance Sheet** (A) (B) Beginning of year End of year 337,397 308,875 Cash - non-interest-bearing 1 2 2 3 3 Pledges and grants receivable, net 4 Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Α s s 7 Notes and loans receivable, net 7 е Inventories for sale or use 38,561 8 38,960 8 t Prepaid expenses and deferred charges 9 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D · · · · · 10a 749,196 Less accumulated depreciation • • • • • • • • 10b 462,855 322,104 286,341 10c b 11 11 Investments - other securities See Part IV, line 11 12 12 13 13 14 14 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 698,062 16 634,176 17 5,166 17 19,921 18 18 19 Deferred revenue 19 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 b 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified t persons Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 25 25 26 Total liabilities. Add lines 17 through 25 5,166 26 19,921 Organizations that follow SFAS 117, check here | X and complete lines 27 through 29, and lines 33 and 34. NF 692,896 е u 27 27 614,255 t n 28 28 d 29 29 Α s В Organizations that do not follow SFAS 117, check here s а and complete lines 30 through 34. ١ е а 30 30 n 31 Paid-in or capital surplus, or land, building, or equipment fund 31 0 е 32 Retained earnings, endowment, accumulated income, or other funds 32 s 33 692,896 33 614,255 34 Total liabilities and net assets/fund balances 698,062 634,176 34

3a

3b

Form 990 (2009)

the Single Audit Act and OMB Circular A-133?

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

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Employer identification number

2009

Open to Public Inspection

LMN	PUI	BLISHING, I							. 1	3181419			
Pa	rt I	Reason	for Public Chari	ty Status (All organiz	zations mu	st complete	e this part) See insti	ructions				
The	orgai	nization is not a j	private foundation bec	ause it is (For lines 1 thi	rough 11, c	heck only	one box)						
1		A church, conve	ention of churches, or	association of churches	described	in section	170(b)(1)(<i>A</i>	\)(i) .					
2		A school descri	bed in section 170(b)(1)(A)(ii). (Attach Schedu	le E)								
3		A hospital or a	cooperative hospital se	ervice organization desci	ribed in sec	ction 170(b)(1)(A)(iii)	•					
4			arch organization oper	ated in conjunction with	a hospital o	described i	n section	170(b)(1)(<i>i</i>	A)(iii). Ente	er the hosp	ıtal's nar	ne,	
		city, and state			_							_	
5		An organization	operated for the bene	efit of a college or univers	sity owned	or operate	d by a gov	ernmenta	unit descr	ribed in			
		section 170(b)(1)(A)(iv). (Complete Pa	art II)									
6		A federal, state,	or local government of	or governmental unit des	cribed in s	ection 170	(b)(1)(A)(v).					
7		An organization	that normally receive:	s a substantial part of its	support fro	om a gover	nmental u	nit or from	the genera	al public			
		described in se	ction 170(b)(1)(A)(vı).	(Complete Part II)									
8		~		n 170(b)(1)(A)(vi). (Com	•	•							
9	X			s (1) more than 33 1/3%					-	-			
				kempt functions - subject		•							
		• • •		e and unrelated business		•		11 tax) fro	m busines	ses			
		•	-	e 30, 1975 See section		•	•						
10		-	*	ed exclusively to test for	=	•							
11				ed exclusively for the be					-				
				orted organizations des						section			
				s the type of supporting			•		igh 11h				
		a Type I		pe II c		l-Functiona			d	•••	III-Other		
e				organization is not contro					-				
				ers and other than one o	r more put	olicly suppo	orted organ	nizations d	escribed in	n section			
		509(a)(1) or sec			VO 41 1 1	-							
f				letermination from the IR	(S that it is	a Type I, I	ype II, or	ype III su	pporting				_
		organization, ch							• • • • •	• • • • •		• • •	• • i
g				zation accepted any gift	or contribu	ition from a	any of the						
		following person		y controls, either alone o	r topothor.	46							. —
				y controls, either alone o ly of the supported organ	-	-		ea in (ii)			f	Yes	No
			-	cribed in (i) above?							11g(i)	 -	<u> </u>
		•	·	on described in (i) or (ii) a							11g(ii)	-	-
h		• •	• •	it the supported organiza						• • • • •	11g(iii)	·	<u> </u>
		ame of supported	(ii) EIN	(iii) Type of organization	- ` ` -	organization	(v) Did y	ou potify	40	Is the	450	Amount	<u></u>
		organization	(1) 2114	(described on lines 1-9		sted in your	the organ		organizat		i .	Amount upport	OI .
				above or IRC section	governing	document?	col (i)	of your port?	(i) organiz	zed in the S ?			
				(see instructions))	Yes	No	Yes	No	Yes	No			
					T			-					
										<u> </u>			
			-										
							1]			
					 								
					1	 		<u></u>					
otal									1	[

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

	(Complete only if you checked the	box on line 5, 7, o	or 8 of Part I)				
	ction A. Public Support				1.		
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	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge				}		
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each	2 A A A	2	-13		› * · ·	<u> </u>
	person (other than a governmental unit or		1				
	publicly supported organization) included	v .	**		, *	<i>"</i> 、	
	on line 1 that exceeds 2% of the amount		. , .	#1 v	·,		
	shown on line 11, column (f)	î. ? · ·	, , ,		, ,	<u>.</u>	
6	Public support. Subtract line 5 from In 4	₩× ₹ ⁷	31. 71 1	- 4	*	***	· · · · · · · · · · · · · · · · · · ·
Sec	tion B. Total Support		· · · · · · · · · · · · · · · · · · ·			<u> </u>	
	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10 •	يهدين سيخز	a. (.)	* 4, 4	'M' .		
12	Gross receipts from related activities, etc. (se	ee instructions)				12	
13	First five years. If the Form 990 is for the organization, check this box and stop here	• • • • • • •	· · · · · · · · · · · ·	, or fifth tax year a	s a section 501(c)	(3)	▶[]
	tion C. Computation of Public Su						
14	Public support percentage for 2009 (line 6, c				L L	14	%
15	Public support percentage from 2008 Sched				· · · · · · · · · · · · · · · · · · ·		%
16a	33 1/3% support test - 2009. If the organization						
	and stop here. The organization qualifies as						▶[]
b	33 1/3% support test - 2008. If the organization				33 1/3% or more,	check this	
	box and stop here. The organization qualifie					• • • • • • • • • •	• • • • • □
17a	10%-facts-and-circumstances test - 2009. If more, and if the organization meets the "facts						
	organization meets the "facts-and-circumstar						▶□
b	10%-facts-and-circumstances test - 2008. If						
	more, and if the organization meets the "facts						
18	organization meets the "facts-and-circumstar Private foundation. If the organization did no	nces" test. The org	ganization qualifies	as a publicly supp	orted organization		· · · · • □

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

								
	ction A. Public Support	(-) 2005	#\ 0000	1-1 2007	(4) 2000	1 7.5	2000	45 T. I. I
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e)	2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	742,701	858,168			1,	092,090	2,692,959
2	Gross receipts from admissions, merchan- dise sold or services performed, or fac- lities furnished in any activity that is related to the organization's tax-exempt purpose	170,205	212,868					383,073
3	Gross receipts from activities that are not an unrelated trade or bus under sec 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	1,200	7,800					9,000
6	Total. Add lines 1 through 5 · · · · · ·	914,106	1,078,836			1,	092,090	3,085,032
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons • • • •							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
С	Add lines 7a and 7b							
8	Public support (Subtract line 7c from line 6) · · · · · · · · · · · · · · · · · ·							3,085,032
	ction B. Total Support							
	endar year (or fiscal year beginning in)	(a) 2005 914, 106	(b) 2006	(c) 2007	(d) 2008	(e) 2		(f) Total
9	Amounts from line 6 · · · · · · · · · · · · · · · · · ·	914,106	1,078,836		 	1,	092,090	3,085,032
104	payments received on securities loans, rents, royalties and income from similar sources	4,284	4,802					9,086
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b • • • • • • •	4,284	4,802					9,086
11	Net income from unrelated business activities not included in line 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, 11, and 12)							3,094,118
14	First five years. If the Form 990 is for the org organization, check this box and stop here	· · · · · · · · · · · · · · · · · · ·	• • • • • • • •				· · · · ·	• • • • □
	ction C. Computation of Public Su					1 4 7 1		00.71
15 16	Public support percentage for 2009 (line 8, co Public support percentage from 2008 Schedu	• • • • • • • • • • • • • • • • • • • •	,	,,		15		99.71 %
16						16	 -	%
<u>Sec</u> 17	tion D. Computation of Investmer Investment income percentage for 2009 (line			umn (fl)		17		0.29 %
18	Investment income percentage from 2008 Sci		•			18		<u> </u>
	33 1/3% support tests - 2009. If the organizate 17 is not more than 33 1/3%, check this box at	ion did not check t	he box on line 14.	and line 15 is mo	re than 33 1/3%, a supported organiz	ind line		· · · · > [X]
b	33 1/3% support tests - 2008. If the organizat line 18 is not more than 33 1/3%, check this b	ion did not check a	box on line 14 or	ine 19a, and line	16 is more than 3	3 1/3%, a		· · · · ▶ []
20	Private Foundation: If the organization did no	ot check a box on li	ne 14, 19a, or 19b	, check this box a	and see instruction	s •	· · · · · ·	••••▶□

Ending 12/31/2009

Group # Description (Adjusted)

PROGRAM INCOME	
CONTRIBUTIONS	(311,098)
DONATIONS	(167)
DONATIONS	(52,673)
DONATIONS	(25,506)
DONATIONS	(93,818)
DONATIONS	(19,064)
DONATIONS	(18,533)
DONATIONS ·	(36,524)
DONATIONS ·	(53,859)
SAMUEL WAI	(47,067)
DONATIONS ·	(4,242)
DONATIONS ·	(32,293)
DONATIONS ·	(38,316)
DONATIONS	(19,613)
DONATIONS ·	(126,033)
DONATIONS ·	(29,689)
DONATIONS -	(20,418)
	(18,226)
DONATIONS - MEDIA - VIDEO	(34,563)
	(100,388)
	(10,000)
	(1,092,090)
^	(1,092,090)
Grand T	otal

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

Employer identification number

2009

Open to Public Inspection

LMN PUBLISHING, INC 94-3181419 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts 2 Aggregate contributions to (during year) 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 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 can 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? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements 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 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? Yes Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III 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 b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service. provide the following amounts relating to these items If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

Sched	dule D (Form 990) 2009 LMN PUBLISHING,	INC				94-3181	419 '	∿Page 2
Pa	rt III Organizations Maintaining	Collections o	f Art, Historica	l Treasures.	or Ot	her Similar As	sets (co	ntinued).
3	Using the organization's acquisition, accession,							
	collection items (check all that apply)							
а	Public exhibition	d 🗌 Lo	an or exchange pro	grams				
b	Scholarly research	e 🗌 Ot	her					
C	Preservation for future generations						-	-
4	Provide a description of the organization's collect	tions and explain	how they further the	organization's e	xempt p	ourpose in		
	Part XIV							
5	During the year, did the organization solicit or re-	ceive donations of	art, historical treasi	ures, or other sim	niar			
	assets to be sold to raise funds rather than to be	maintained as pa	rt of the organization	n's collection?			. Ye	es No
Pa	rt IV	ngements. Co	mplete if organization	on answered "Ye	s" to Fo	orm 990,		
	Part IV, line 9, or reported an amount							
1a	Is the organization an agent, trustee, custodian of	or other intermedia	ary for contributions	or other assets n	ot			
	ıncluded on Form 990, Part X?						• []Ye	s No
b	If "Yes," explain the arrangement in Part XIV and	complete the follo	owing table					
						Amo	ount	
С	Beginning balance	. .			· 1c			
d	Additions during the year				• 1d			
е	Distributions during the year				• 1e			
f	Ending balance · · · · · · · · · · · · · · · · · · ·				• 1f			
2a	Did the organization include an amount on Form	990, Part X, line 2	21?				Ye	es No
b	If "Yes," explain the arrangement in Part XIV							
Pa	rt V Endowment Funds. Complete it	the organization	answered "Yes" to F	orm 990, Part IV	, line 10)		
		(a) Current year	(b) Pnor year	(c) Two years b	ack	(d) Three years back	(e) Four	years back
1a	Beginning of year balance			24.7		ž, 🤻	*	
b	Contributions							
С	Net investment earnings, gains, and losses			ħ.;		9 4,	15%	
d	Grants or scholarships · · · · · · · ·							
е	Other expenditures for facilities			5% %	-	. \$		
	and programs					w~~		-
f	Administrative expenses			-،٤ ٿيد		يون م	,	
g	End of year balance				-	` #		
2	Provide the estimated percentage of the year end	balance held as						
а	Board designated or quasi-endowment	<u></u> %						
þ	Permanent endowment ▶ %							
C	Term endowment ▶ %							
3a	Are there endowment funds not in the possession	n of the organization	on that are held and	administered for	the		_	
	organization by						\	Yes No
	(i) unrelated organizations	• • • • • • • •	• • • • • • • • • •	• • • • • • • •	• • • •	• • • • • • • •	3a(i)	
	(ii) related organizations · · · · · · · · ·	• • • • • • • •	• • • • • • • • •	• • • • • • • •		• • • • • • • •	3a(ii)	
b	if "Yes" to 3a(ii), are the related organizations list	ed as required on	Schedule R? • •	• • • • • • • •		• • • • • • • •	3b	
4	Describe in Part XIV the intended uses of the org	anization's endow	ment funds					
Par	t VI Investments - Land, Buildin	gs, and Equip	ment. See Form	990, Part X, line	10			
	Description of investment	(a) Cost or oth	ner basis (b) Co	ost or other	(c) Ac	cumulated	(d) Book v	value
		(investm	nent) bas	is (other)		reciation		
1a	Land · · · · · · · · · · · · · · · · · · ·	• •						
b	Buildings · · · · · · · · · · · · · · · · · · ·	• •		749,196		462,855	- 7	286,341
С	Leasehold improvements • • • • • • • • • • • • • • • • • • •	• •						
d	Equipment • • • • • • • • • • • • • • • • • • •	• •						
е	Other • • • • • • • • • • • • • • • • • • •	• •						
otal.	Add lines 1a through 1e (Column (d) must equa	I Form 990, Part X	(, column (B), line 10	O(c)) • • • •		▶		286,341

organization's liability for uncertain tax positions under FIN 48

Part VII	Investments - Other Securities.	See Form 990, Part X, line 12		
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
Financial der	ivatives · · · · · · · · · · · · · · · · · · ·			
Closely-held	equity interests • • • • • • • • • • • • • • • • • •			-
Other				
			· · · · · · · · · · · · · · · · · · ·	
	(b) must equal Form 990, Part X, col (B) line 12)			
Part VIII	Investments - Program Related. S	see Form 990, Part X, line 13		
	(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(b) must equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets. See Form 990, Part X, line			
	(a) [Description	(b) Book	value
		· · · · · · · · · · · · · · · · · · ·		
			}	
				
				-
				-
Total. (Column	n (h) must equal Form 990 Part X col. (R) line 15			
	n (b) must equal Form 990, Part X, col (B) line 15		•••••	
Total. (Columi	Other Liabilities. See Form 990, Part X, Irr	ne 25		
Part X	Other Liabilities. See Form 990, Part X, Irr (a) Description of liability			
Part X	Other Liabilities. See Form 990, Part X, Irr (a) Description of liability	ne 25	••••••	
Part X	Other Liabilities. See Form 990, Part X, Irr (a) Description of liability	ne 25		
Part X	Other Liabilities. See Form 990, Part X, Irr (a) Description of liability	ne 25	· · · · · · · · · · · · · · · · · · ·	
Part X	Other Liabilities. See Form 990, Part X, Irr (a) Description of liability	ne 25		
Part X	Other Liabilities. See Form 990, Part X, Irr (a) Description of liability	ne 25		
Part X	Other Liabilities. See Form 990, Part X, Irr (a) Description of liability	ne 25		
Part X	Other Liabilities. See Form 990, Part X, Irr (a) Description of liability	ne 25		
Part X	Other Liabilities. See Form 990, Part X, Irr (a) Description of liability	ne 25		
Part X	Other Liabilities. See Form 990, Part X, Irr (a) Description of liability	ne 25		
	Other Liabilities. See Form 990, Part X, Irr (a) Description of liability	ne 25		
Part X 1 Federal incom	Other Liabilities. See Form 990, Part X, Irr (a) Description of liability	ne 25		

Sche	dule D (Form 990) 2009 LMN PUBLISHING, INC	94-3181419	∙Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statement	ts	
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 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	
	rt XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	or Return	
1	Total revenue, gains, and other support per audited financial statements · · · · · · · · · · · · · · · · · · ·	• 1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	į.	
a	Net unrealized gains on investments	**	
b	Donated services and use of facilities • • • • • • • • • • • • • • • • • • •		
c	Recoveries of prior year grants	-	
ď	Other (Describe in Part XIV) 2d	- 	
e	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	- 2e	
3	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	. 3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b • • • • • • • • 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b · · · · · · · · · · · · · · · · · ·	- 4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	. 5	
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expense		
1	Total expenses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	*	
а	Donated services and use of facilities		
b	Prior year adjustments	- *	
С	Other losses · · · · · · · · · · · · · · · · · ·		
d	Other (Describe in Part XIV) 2d	7 -	
е	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	2e	
3	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	. 3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · 4a		
b	Other (Describe in Part XIV)	- 1	
С	Add lines 4a and 4b · · · · · · · · · · · · · · · · · ·	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	
Pa	rt XIV Supplemental Information		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b		
and 2	2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete		
this p	art to provide any additional information		
_			

SCHEDULE O (Form 990)

Supplemental Information to Form 990

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

OMB No. 1545-0047

Inspection

Employer identification number

2009
Open to Public

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990.

94-3181419 LMN PUBLISHING, INC 01. Form 990 governing body review (Part VI, line 11) GOVERNING BODY PROVIDES OVERSIGHT 02. Governing documents, etc, available to public (Part VI, line 19) AVAILABLE TO PUBLIC UPON REQUEST

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

2009

Department of the Treasury Internal Revenue Service

▶ See separate instructions.

Attach to your tax return.

Attachment Sequence No 67

94-3181419

Business or activity to which this form relates Identifying number Name(s) shown on return FORM 990 - 1 LMN PUBLISHING, INC

Pa	Rote: If you have any listed property, complete Part V before you complete Part I	-				
1						
2	Total cost of section 179 property placed in service (see instructions)	2				
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3				
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4				
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0 If married filing					
	separately, see instructions · · · · · · · · · · · · · · · · · · ·	5				
	(a) Description of property (b) Cost (business use only) (c) Elected cost					
6						
7	Listed property Enter the amount from line 29 · · · · · · · · · · · · · · · 7	-				
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8				
9	Tentative deduction Enter the smaller of line 5 or line 8 · · · · · · · · · · · · · · · · · ·	9				
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562 · · · · · · · · · · · · · · · · · · ·	10				
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11				
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12				
13	Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 - > 13					
Note	: Do not use Part II or Part III below for listed property. Instead, use Part V	_				
Pa	rt II Special Depreciation Allowance and Other Depreciation (Do not include listed pro	perty)	(See instructions)			
14	Special depreciation allowance for qualified property (other than listed property) placed in service					
	during the tax year (see instructions)	14				
15	Property subject to section 168(f)(1) election · · · · · · · · · · · · · · · · · · ·	15				
16	Other depreciation (including ACRS)	16	6,886			
Pa	rt III MACRS Depreciation (Do not include listed property) (See instructions)		· · · · · · · · · · · · · · · · · · ·			
	Section A					
17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	28,877			
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 2009 Tax Year Using the General Depreciation S	ystem				

	(a) Classification of property	(b) Month and year placed in service	(C) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery penod	(e) Convention	(f) Method	(9) Depreciation deduction
19 a	3-year property						
b	5-year property						
С	7-year property			1			7
d	10-year property						
е	15-year property						T
f	20-year property						T
g	25-year property			25 yrs		S/L	
h	Residential rental			27 5 yrs	ММ	S/L	
	property			27 5 yrs	MM	S/L	1
i	Nonresidential real			39 yrs	MM	S/L	
	property				MM	S/L	
	Section C - Asse	s Placed in Servic	e During 2009 Tax Year	Using the Al	ternative Depr	eciation Syst	em
20 a	Class life					S/L	
b	12-year			12 yrs		S/L	
	40-year			40 yrs	MM	S/L	

Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here

and on the appropriate lines of your return Partnerships and S corporations - see instructions

For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

23

35,763

22

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

	2-10, 0010	annis (a) unough	(c) or ocorio	1111, 411	3, 000,00	., o, a	na occino	0 4	phicaoic		_				
	Section A - Dep	reciation and Ot	her Informa	tion (Ca	ution: S	ee the	instructio	ns for li	mits for p	asseng	er autom	obiles)			
24a	Do you have evidence	e to support the busin	ess/investment	use claime	ed?		Yes	No	24b lf	"Yes,"	s the ev	dence w	ritten?	Ye	s No
т	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage		(d) t or other basis		(e) Basis for dep business/inv use oi	reciation estment	(f) Recove penod		(g) lethod/ nvention		(h) preciation duction	sect	(i) lected tion 179 cost
25	Special deprecia	tion allowance fo	r qualified lis	ted prop	erty pla	ced in	service d	uring th	e						1.046
	tax year and use	d more than 50%	in a qualifie	d busine	ess use (see ir	structions	.) -			25				~
26						_									
198	88 FORD F	19961010	100 %	3	,000		3,(000	T		-	T		7	
			%						 						
			%									<u> </u>			
27	Property used 50	% or less in a qu	alified busin	ess use											
		1 1	%				*			S/L-		T			
		1	%							S/L-		1		7	,
			%						 	S/L-				٦,	J. 1946.
28	Add amounts in o	column (h), lines	25 through 2	7 Enter	here an	d on I	ne 21, pa	ge 1	• • • • •		28		-	_	
29	Add amounts in o	•	_						<i></i>				2	9	
							n on Use	of Vehi	cles						
Con	mplete this section	for vehicles used	i by a sole pr	oprietor	, partner	, or ot	her "more	than 59	% owner,	" or rela	ted pers	on If you	u provide	d vehicle	es
	our employees, firs											-			
30	Total business/in				a)		(b)	Ť	(c)	1	(d)		(e)	T	(f)
30	during the year (IIVEII	Vehic		Ve	hicle 2	Vet	nicle 3		ncle 4	ĺ	iide 5	Vehi	
	commuting miles							<u> </u>		1				1	
31	Total commuting	•	ng the year					 		<u> </u>		1		 	
32	Total other perso	nal (noncommuti	ng)							 		<u> </u>		<u> </u>	
	miles driven	•			1										
33	Total miles driver	during the year	Add					 		 		 		 	
	lines 30 through 3	-								1					
34	Was the vehicle a		onal	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	use during off-du	•							 	†	 	 	1	 	
35	Was the vehicle i		a							1			 	 	
	more than 5% ow			i						ĺ					
36	Is another vehicle	-	1						1	†	 		 	-	
	use? • • • • •	•			ļ					ļ		}			1
			Questions f	or Empl	overs W	ho Pr	ovide Veh	icles fo	r Use by	Their E	mployee		 -		
۱ns	wer these question								•				are not		
	e than 5% owners		-							,	Jp				
37	Do you maintain a				s all per	sonal	use of vel	ncles, ir	ncludina	commut	ına. bv			Yes	No
	your employees?														
8	Do you maintain a	a written policy sta	atement that	prohibit	s persor	nal use	of vehicl	es. exce	ept comm	iutina. b	v vour				
	employees? See								-	-				ĺ	İ
9	Do you treat all us			-	-										
0	Do you provide m	•		•						ees abo	ut the				
	use of the vehicle	s, and retain the	information r	eceived	?								ا ا		
1	Do you meet the	requirements con	cerning qual	lified aut	omobile	demo	nstration	use? (S	ee instru	ctions)					
	Note: If your answ							-			s			, , , , , , , , , , , , , , , , , , ,	· · · ·
Pa		ization	<u> </u>											300 1 Mc	<u> </u>
<u>, w</u>	il Vi i i i i i i i i i i i i i i i i i	indition.	T	_				$-\tau$				$\overline{}$			
	(a) Description of	costs	Date amor begi	tization	Δ	mortiza	(c) ble amount		(dī) Code se		Amortiz penod percen	ation or	Amortizat	(f) tion for this	year
2	Amortization of co	sts that begins d	uring your 20	009 tax v	ear (see	e instri	uctions)				1				
			T 3,5 2.		T ,		/					T			
			 		 -			+			 	+			
3	Amortization of co	ests that began he	efore your 20	009 tax v	ear •						• • • •	43			
4	Total. Add amoun	=	=			e to re	port •					44			
															

Ending
12/31/2009
(Adjusted)

Group # Description	(Adjusted)	
GRANTS AND ALLOCATIONS		
MISSION SUPPORT - LITERATURE	3,150	
MISSION SUPPORT - INDIA	2,511	
MISSION SUPPORT - LITH	1,571	
MISSION SUPPORT - MONGOLIA	14,045	
MISSION SUPPORT - CHINA	1,000	
MISSION SUPPORT - MUSLIM	1,787	
MISSION SUPPORT - NEPAL	22,220	
MISSION SUPPORT - N INDIA	12,931	
MISSION SUPPORT - ORPH	1,635	
MISSION SUPPORT - PHILL	65,746	
MISSION SUPPORT - ROMANIA	9,267	
MEDIA - INDIAN TV	86,605	
MEDIA - VIDEO	264	
	222,732	
	222,732	
Grand Total		

Ending 12/31/2009 (Adjusted)

OTHER PROGRAM EXPENSES	
KENYA VIDEO PROGRAM	900
ADVERTISING - LITERATURE	4,950
ADVERTISING - INDIA	1,800
ADVÉRTISING - LITUANIA	2,700
ADVERTISING - NEPAL	900
ADVERTISING - N INDIA	1,800
ADVERTISING - PHILLIPINES	9,000
ADVERTISING - ROMANIA	5,400
ADVERTISING - RUSSIA	900
3ABN PROGRAMS FOR YOUTH	3,600
ADVERTISING - VIDEO	12,150
3ABN AD - VANUA	1,800
BANK CHARGES - BIBLE WORKERS	714
WIRE TRANSFER FEES	600
BANK CHARGES - CHINA	50
BANK CHARGES - CHINA PR	100
WIRE CHARGES - MW	100
BANK CHARGES	650
WIRE TRANSFER FEE	590
BANK CHARGES - LI ORPHANAGE	4
BANK CHARGES	609
BANK CHARGES - ROMANIA	600
BANK CHARGES - VIDEO STUDIO	443
BANK CHGS - VANAUTU	304
WORTHY STUDENT TO WWU	10,000
EVANGELISM - INDIA	4,100
FOOD - LITERATURE PROJ	93
MEALS FOR INDIA PASTOR	47
FOOD - CAMP MEETING	47
ASI FOOD DIVIDE	47
FOOD CHINA PROJ	14
DIVIDE ASI FOOD	47
FOOD - STUDENT	47
ASI FOOD	47
FOOD	92
ASI FOOD	47
FOOD - RUSSIA	47
FOOD - STUDIO	
FOOD - VANUA	91
INSURANCE FOR WANG FAMILY	47
MEDICAL	6,807
OFFICE EXPENSE - LITERATURE	1,000
	1,511
OFFICE EXP - INDIA	1,615
OFFICE EXP - LITHUANIA	1,515
OFFICE EXP - MONGOLIA	1,001
OFFICE EXP - MUSLIM	351
OFFICE EXPENSE - NEPAL	1,515
OFFICE EXP - NORTH INDIA	1,515
OFFICE EXP - ORHANAGES	1,515
OFFICE EXP - PHILLIPINES	3,103
OFFICE EXP - ROMANIA	1,558
OFFICE EXP - RUSSIA	1,164

Description

Group #

Ending 12/31/2009

Group # Description	(Adjusted)
OFFICE EXP - VIDEO	1,650
OFFICE EXP - VANUATU	2,893
REPAIRS - AIRPLANE	422
SCHOOL IN LANZHOU	11,960
SCHOOL - CHINESES STUDENT	9,200
WORTHY STUDENT	310
MISSIONARY STIPEND - BIBLE	43,148
MISSIONARY STIPEND - INDIA	18,700
MISSIONARY STIPEND - LI	1,479
MISSIONARY STIPEND -LI PASTOR	57,455
MISSIONARY STIPEND - MUSLIM	1,200
MISSIONARY STIPEND - NEPAL	9,121
MISSIONARY STIPEND - N INDIA	12,235
MISSIONARY STIPEND - PHILLIPINES	45,567
MISSIONARY STIPEND - ROMANIA	6,000
MISSIONARY STIPEND - STUDENT	3,670
LI MISSION BUDGET	1,107
MISSION SUPPORT - RUSSIA	424
GENERAL SUPPORT - VANU	54,699
SPEAKER FOR PERSPEC	125
	371,012
Grand Total	371,012
Statia (Statia	

Ending 12/31/2009

Group # Description	(Adjusted)	
OTHER MANAGEMENT EXPENSES		
AUTO EXPENSE	4,454	
BANK CHARGES	160,359	
CONTRACT LABOR	225	
FOOD	464	
OFFICE EXPENSE	4,014	
PROPERTY TAX	2,681	
GENERAL MISSION SUPPORT	510	
MEDIA MINISTRIES	319	
STUDENT MISSIONARIES	100	
ROUNDING	10	
	173,136	
	173,136	
Grand Total		