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Form 990-EZ

Department of the Treasury Internal Revenue Service

Short Form 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)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000

at the end of the year may use this form

OMB No 1545-1150

2010

Open to Public Inspection

Internal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements								
A Fo	For the 2010 calendar year, or tax year beginning , 2010, and ending				, 20			
B Ch	eck if plicable	e	D Emplo	D Employer identification number				
\Box		Please use IRS		, ,				
Na	me cha	ange label or print or	35-1997541					
Ini	ıal retu	ım type	E Telephone number					
Те	minate	See Specific	574-875-5166					
An	ended	return tions		F Group	F Group Exemption			
Ap	plicatio nding	n tions	Elkhart IN 46515	Number ►				
		ting Method	X Cash Accrual Other (specify) ▶	H Check▶	H Check►X if the organization is not			
I W	bsite	e: ▶			required to attach Schedule B			
J Tax	-exe	mpt status(che	ock only one) - X 501(c)(3) 501(c)() ◀ (insert no) 4947(a)(1) or 527	•	90, 990-EZ, or 990-PF)			
_			rganization is not a section 509(a)(3) supporting organization and its gross receipts at					
		_	n 990 return is not required though Form 990-N (e-postcard) may be required (see ins					
			to file a complete return	,	· ·			
			b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if					
			25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	▶ \$	185.			
_	tl		<u> </u>	he instruct	ons for Part I)			
		•	organization used Schedule O to respond to any question in this Part I		🛛			
	1		gifts, grants, and similar amounts received	1	165.			
	2		rice revenue including government fees and contracts	. 2				
	3	-	dues and assessments	3				
	4	Investment in		4	20.			
	1		at from sale of assets other than inventory . 5a	·				
	1		other basis and sales expenses 5b	**	1			
	1		from sale of assets other than inventory (Subtract line 5b from line 5a)	. 5c	<u>:</u>			
ē	6		fundraising events	3-3-				
en		-		8.7.	•			
Revenue	1		garang (attack constant of a greater man \$1.500)	} ½				
	L .		· · · · · · · · · · · · · · · · · · ·	10115				
			ing events reported on line 1) (attach Schedule G if the sum income and contributions exceed \$15,000)	1:				
		-						
	1		expenses from gaming and fundraising events . 6c					
			r (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c	***** /				
	ı		of inventory, less returns and allowances					
	1	Less cost of		3.2				
	l		or (loss) from sales of inventory (Subtract line 7b from line 7a)	7 c				
	8		e (describe in Schedule O)	8	105			
	9		e. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶ 9	185.			
	10		milar amounts paid (list in Schedule O)	10				
	11		to or for members RECSIVED .	11				
Expenses	12		er compensation, and employee benefits	ပုံ <u>12</u>				
en	13		rees and other payments to independent contractors 150 MAY 1/2 2011	13	14,844.			
Ä	14			. 14				
	15	• • •	cations, postage, and shipping	15	44.			
	16		es (describe in Schedule O)	16	399.			
	17	Total expens	es. Add lines 10 through 16	⁻ ▶ 17	15,287.			
γņ	18	Excess or (de	ficit) for the year (Subtract line 17 from line 9)	18	(15, 102.)			
set	19	Net assets or	fund balances at beginning of year (from line 27, column (A)) (must agree with	[1]	_			
Net Assets		end-of-year fig	gure reported on prior year's return)	. 19	<u>367,182.</u>			
Net	20	Other change	s in net assets or fund balances (explain in Schedule O)	20				
_	21	Net accets or	fund balances at end of year. Combine lines 18 through 20	21	352 080			

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2010

Check if the organization used Schedule O to re	•	thic Part II			П
	Check if the organization used Schedule O to respond to any question in this Part (See the instructions for Part II)				
22 Cash, savings, and investments	art ii j		ning of year 2,182.	22	B) End of year 17,080
23 Land and buildings	•• •			23	
24 Other assets (describe in Schedule O) .	•••	33	5,000.	24	335,000.
25 Total assets				25	352,080
26 Total liabilities (describe in Schedule O)		<u> </u>		26	
27 Net assets or fund balances (line 27 of column (B) mu	st agree with line 21)	36	7,182.	27	352,080.
Part III Statement of Program Service Acco		he instructions for Pa	rt III)		
Check if the organization used Schedule O to re	•		. 1		Expenses
What is the organization's primary exempt purpose? Pron	note Christia	n Radio Pro	ogrm		d for section 501(c)(3)
Describe what was achieved in carrying out the organization					(c)(4) organizations and 1947(a)(1) trusts,
describe the services provided, the number of persons benefit			I .		for others)
28 The organization purchases a	ir time on l	ocally own	ed		
radio stations to broadcast					
Christian radio programs					
(Grants \$) If this amount include	les foreign grants, check	here	→	28a	15 , 287.
29					
(Grants \$) If this amount include	les foreign grants, check	here .	. ▶ .	29a	
30					
(Grants \$) If this amount include	les foreign grants, check	here .	>	30a	
31 Other program services (describe in Schedule O)					
(Grants \$) If this amount include	les foreign grants, check	here	▶ 🗍	31a	
32 Total program service expenses (add lines 28a throug	h 31a) .		>	32	15,287.
Part IV List of Officers, Directors, Trustees, and Key	Employees. List each of	one even if not compe	ensated (see	the ins	structions for Part IV)
Check if the organization used Schedule O to re-			· · · · · · · · · · · · · · · · · · ·		
(a) Name and address	(b) Title & average hours per week	(c) Compensation (If not paid,	(d) Contribu	fit plans	(e) Expense account and
John Ellis	devoted to position Chairman	enter -0)	& deferred of	comp	other allowances
57685 CR 9 Elkhart IN 46517		О	l n		δ
David Miller	Secretary		 		
229 S 2nd Elkhart IN 46516		0			δ
Kent Adams	Board Memb		- · · · · ·		
1402 Wooste Winona Lake IN 46590		0	٥		-0
Dennis Engbrecht	Board Memb	_	† `		
1101 W MCK Mishawake IN 46545		0	0		۸
Dr Robert Savage	Board Memb		 		<u>u</u>
66528 HartA Goshen IN 46526		0	٥		6
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	j		J		

Pa	rt V Other Information (Note the statement requirements in the instructions for Part V)			
	Check if the organization used Schedule O to respond to any question in this Part V	<u> </u>		\coprod
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each			
	activity in Schedule O	33	ļ	Х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the			1
	amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O	1		v
	(see instructions)	34	1 5 12	X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but	N. Carl		
_	not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T	7.12	1	ikas.
а	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or	250		Х
h	501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	-	
36	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	330		
30	If "Yes," complete applicable parts of Schedule N	36		Х
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions . • 37a 0	30	المحال	
b	Did the organization file Form 1120-POL for this year?	37b	المست	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	07.5	 	
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	رجعتمث	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b NA	3.		85. V
39	Section 501(c)(7) organizations Enter	- 15 / 25 / 25 / 25 / 25 / 25 / 25 / 25 /	135	
а	Initiation fees and capital contributions included on line 9			المراجعة ال المراجعة المراجعة الم
b	Gross receipts, included on line 9, for public use of club facilities			
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911▶ NA , section 4912▶ NA , section 4955▶ NA	7 J	ر مربه ۶ سه (درجمد بر درجمه درجمور	ا داين کوان داين کوان
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction	100 mg	***	
	during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its			
	prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		_X_
C	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization	1	1	- -
	managers or disqualified persons during the year under sections 4912, 4955, and 4958	1		ر بريانو ا ميريانو ا
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by			
	the organization			
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	1,35	1	37.7
	If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed \(\sum_{100} \subseteq \text{IN} \)	26	<u>~~~</u>	7 5 7
42a		-26	2-0	15/
		114		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	ſ	Yes	No.
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	42b	Tes	No X
	account)?	120		- <u> </u>
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank		•	-
	and Financial Accounts.	6, 7	* , * ₋	7
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
J	If "Yes," enter the name of the foreign country ► NA	^ ^		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	NA	>	. П
	and enter the amount of tax-exempt interest received or accrued during the tax year	• (
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of		·	
	Form 990-EZ	44a		Χ
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead	ر معامد	. به ند	لَــَــ
	of Form 990-EZ	44b		X
С	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an		ر بر بروانی استانگذا	أست
	explanation in Schedule O	44d		
	Form	990-E	Z (20)10)

Form 990-EZ (2010) CHLISCIAN RAC	110 Friends,	Inc.	33-19	9/J41 Page 4
		_		Yes No
45 Is any related organization a controlled en	tity of the organization w	ithin the meaning of sec	tion 512(b)(13)?	45 X
a Did the organization receive any payment				
section 512(b)(13)? If "Yes," Form 990 an	d Schedule R must be co	impleted instead of Forn	n 990-EZ	45a X
46 Did the organization engage, directly or in	directly, in political campa	aign activities on behalf	of or in opposition to	
candidates for public office? If "Yes," com	plete Schedule C, Part I	<u> </u>		. 46 X
Part VI Section 501(c)(3) organize	ations and section	4947(a)(1) nonexe	mpt charitable trusts	only. All section
501(c)(3) organizations and section and 52, and complete the tables for	on 4947(a)(1) nonexempt or lines 50 and 51	charitable trusts must a	nswer questions 47 - 49b	_
Check if the organization used Sc	hedule O to respond to a	ny question in this Part	<u> </u>	
				Yes No
47 Did the organization engage in lobbying a	ctivities? If "Yes," comple	te Schedule C, Part II		47 X
48 Is the organization a school as described in	n section 170(b)(1)(A)(ii)	? If "Yes," complete Sch	edule E	48 X
49a Did the organization make any transfers to	an exempt non-charitab	le related organization?		49a X
b If "Yes," was the related organization a se	ction 527 organization?			N/A 49b
50 Complete this table for the organization's i	five highest compensated	l employees (other than	officers, directors, trustees	and key employees) wh
each received more than \$100,000 of com	pensation from the organ	nization If there is none,	enter "None "	
	(b) Title and average	(c) Compensation	(d) Contributions to	(e) Expense
(a) Name and address of each employee	hours per week		employee benefit plans &	account and
paid more than \$100,000	devoted to position		deferred compensation	other allowances
NONE				
f Total number of other employees paid over	\$100,000 . ▶	Nmc	_	
51 Complete this table for the organization's five	e highest compensated in	ndependent contractors	who each received more tha	an \$100,000 of
compensation from the organization. If there	is none, enter "None "			
(a) Name and address of each independen	t contractor paid more th	an \$100,000 (b) Type of service	(c) Compensation
NONE				
				·
				
d Total number of other independent contractor	ors each receiving over \$1	. ▶	Nine	
52 Did the organization complete Schedule A? I	Note: All section 501(c)(3	3) organizations and 494	7(a)(1) nonexempt	
charitable trusts must attach a completed Sc	hedule A	<u></u>	<u>.</u>	X Yes No
Under penalties of penury, I declare that I have exampled this re	turn, including accompanying sch	edules and statements, and to t	he best of my knowledge and belief,	it is true,
correct, and complete Declaration of preparer (other that officer) is become of all information of wi	hich preparer has any knowledg	e	
	> / /\`\		_	
Sign	1 XXX I POU	anon	04/27/201	
Signature of officer			Date	
nele L (/JOHん F. Z	E2415 CH1	A/RMAN	5-9-//	/
Type or print name and title	7			
Print/Type preparer's name	Preparer's sign	nature Da	ate Check X	ıf PTIN
Paid Bruce A Beyler CPA			/27/2011 self-employed	P00490801
Preparer's Firm's name ▶Burnham & B	eyler LLP		Firm's EIN 3	35-1693596
Jse Only Firm's ▶1715 E Bris			Phone no	
í	46514-		574-262	2-8886
May the IRS discuss this return with the preparei	shown above? See instr	uctions .	<u> </u>	X Yes No
BCA	US990E		F	orm 990-EZ (2010)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

or a section 2010

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OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number Christian Radio Friends, Inc. 35-1997541 Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's name, 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) 9 An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c Type III - Functionally integrated Type I Type II Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box 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 supported organization? 11g(i) 11g(ii) (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (iii) Type of organization (V) Did you (vi) Is the (vii) Amount of (iv) Is the organorganization (described on lines 1-9 organization in support ization in col notify the above or IRC section (i) listed in your col (i) organization in (see instructions)) governing organized col (i) of your in the US? Yes Yes Yes No (A) (B) (C)

(D)

(E)

Page 3

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

oupport ochequie for Organizations Described in occiton oco(4)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II
If the organization fails to qualify under the tests listed below, please complete Part II)

Secti	on A. Public Support						T
Calend	lar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual grants ")	7027.	9257.	8725.	1878.	165.	27052.
2	Gross receipts from admissions, merchan-						
	dise sold or services performed, or facilities						
	furnished in any activity that is related to						
_	the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business						ĺ
	under section 513						
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on					ļ	
	its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the		1				
	organization without charge	7007	0057	0705	1070	1.00	27052.
6	Total. Add lines 1 through 5	7027.	9257.	8725.	1878.	165.	27052.
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
þ	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						1
_	13 for the year						
	Add lines 7a and 7b	MATTER ATTER	the state of the s		ing the Cartilland of the Cart		27052.
	on B. Total Support	Min. (FETT Patient) AND	encolonia s filli.	collis then The thing of	المستعمسة مداداتهميك و	Control of the Contro	27032.
	lar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 6	7027.	9257.	8725.	1878.	165.	27052.
	Gross income from interest, dividends,						
	payments received on securities loans,					ŀ	
	rents, royalties and income from similar						
	sources .	84.	129.	62.	32.	20.	327.
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30,1975 .						
С	Add lines 10a and 10b	84.	129.	62.	32.	20.	327.
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)		9386.	8787.	1910.	185.	27379.
14	First five years. If the Form 990 is for the org	janization's first,	second, third, fo	urth, or fifth tax y	ear as a section	n 501(c)(3)	_
	organization, check this box and stop here			•	:		<u> </u>
<u>Secti</u>	on C. Computation of Public Suppo						00-01
15	Public support percentage for 2010 (line 8, co			nn (f))	••	<u> </u>	98.81 %
16	Public support percentage from 2009 Schedu					16	98.83 %
Secti	on D. Computation of Investment I					T T	1 10
17	Investment income percentage for 2010 (line			, column (f))		17	1.19 %
18	Investment income percentage from 2009 Sch			•		18	1.17 %
19a	33 1/3 % support tests - 2010. If the organization						17 is
	not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization						
b	b 33 1/3 % support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization.						
							•
20	Private foundation. If the organization did no	ot check a box or	n line 14, 19a, or	19b, check this l	oox and see ins	tructions	. ▶

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

2010
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Inspection

Schedule O (Form 990 or 990-EZ) (2010)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

Name of the organization Christian Radio Friends, Inc.	Employer identification number 35–1997541			
990EZ Page 1 Line 16 - Other Expenses				
Donations Expense \$ 225				
Interest Expense \$ 174				
Total Other Expenses \$ 399				
990EZ Page 2 Line 24 - Other Assets				
Investment in PBS \$335,000				
				

US990O\$1

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

BCA