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# AMENDED

Form **990**

Department of the Treasury  
Internal Revenue Service

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

A For the 2010 calendar year, or tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_

<input checked="" type="checkbox"/> Check if applicable  <small>Address change Name change Initial return Territorial Amended return Application pending</small>	C Name of organization  <b>THE INSPIRATIONAL NETWORK, INC</b>		D Employer identification number  <b>57-0931093</b>		
	Doing Business As		E Telephone number  <b>803-578-1000</b>		
	Number and street (or P.O. box if mail is not delivered to street address) <b>3000 WORLDREACH DRIVE</b>		Room/suite	G Gross receipts \$ <b>96,327,088</b>	
	City or town, state or country, and ZIP + 4 <b>INDIAN LAND, SC 29707</b>		H(a) Is this a group return for affiliates? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	F Name and address of principal officer: <b>C. DAVID CERULLO SAME AS C ABOVE</b>		H(b) Are all affiliates included? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list. (see instructions)		
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (Insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ►		
	J Website: ► <b>WWW.INSPIRATION.ORG</b>		K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		L Year of formation: <b>1992</b> M State of legal domicile: <b>NC</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <b>IMPACTING PEOPLE FOR CHRIST WORLDWIDE THROUGH MEDIA.</b>	
	2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a) <b>3</b> <span style="float: right;">6</span>	
	4 Number of independent voting members of the governing body (Part VI, line 1b) <b>4</b> <span style="float: right;">3</span>	
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) <b>5</b> <span style="float: right;">401</span>	
	6 Total number of volunteers (estimate if necessary) <b>6</b> <span style="float: right;">0</span>	
	7a Total unrelated business revenue from Part VIII, column (C), line 12 <b>7a</b> <span style="float: right;"><b>7,797,511.</b></span>	
b Net unrelated business taxable income from Form 990-T, line 34 <b>7b</b> <span style="float: right;"><b>-10,216,521.</b></span>		
<b>Revenue</b>	8 Contributions and grants (Part VIII, line 1h) <b>49,121,475.</b> <span style="float: right;">Prior Year</span>	
	9 Program service revenue (Part VIII, line 2g) <b>36,752,590.</b> <span style="float: right;">Current Year</span>	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>135,906.</b> <span style="float: right;">39,169,158.</span>	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>1,251,676.</b> <span style="float: right;">49,245.</span>	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>87,261,647.</b> <span style="float: right;"><b>46,283,083</b></span>	
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) <b>0.</b> <span style="float: right;">343,426.</span>	
	14 Benefits paid to or for members (Part IX, column (A), line 4) <b>0.</b> <span style="float: right;">0.</span>	
<b>Expenses</b>	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>25,302,120.</b> <span style="float: right;">25,912,808.</span>	
	16a Professional fundraising fees (Part IX, column (A), line 11e) <b>0.</b> <span style="float: right;">0.</span>	
	b Total fundraising expenses (Part IX, column (D), line 25) ► <b>7,962,140.</b> <span style="float: right;">0.</span>	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) <b>62,283,344.</b> <span style="float: right;">71,053,858.</span>	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>87,585,464.</b> <span style="float: right;">97,310,092.</span>	
	19 Revenue less expenses. Subtract line 18 from line 12 <b>-323,817.</b> <span style="float: right;">-1,027,009</span>	
	RECEIVED <b>RECEIVED</b>	
<b>Net Assets or Fund Balances</b>	C Beginning of Current Year <b>126,152,787.</b> <span style="float: right;">End of Year</span>	
	D Total assets (Part X, line 16) <b>651</b> <span style="float: right;">123,727,363.</span>	
	E Total liabilities (Part X, line 26) <b>51</b> <span style="float: right;">60,369,963.</span>	
	F Net assets or fund balances. Subtract line 21 from line 20 <b>64,384,409.</b> <span style="float: right;">63,357,400.</span>	

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	► Signature of officer <b>ROBERT I. BRACE CPA, CFE, CTP</b>		Date <b>5/1/12</b>	
	► Type or print name and title <b>ROBERT I. BRACE, EVP, FINANCE</b>			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name		Preparer's signature	
	Firm's name ►		Date	
	Firm's address ►		Check if self-employed	
		Firm's EIN ►		PTIN
				Phone no.

May the IRS discuss this return with the preparer shown above? (see instructions)

032001 02-22-11 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Yes No

Form 990 (2010)

6/16/12

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## Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part

1 Briefly describe the organization's mission:  
**IMPACTING PEOPLE FOR CHRIST WORLDWIDE THROUGH MEDIA.**

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  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:   ) (Expenses \$ 80,050,943. Including grants of \$ 343,426. ) (Revenue \$ 30,460,587. )  
THE PROMOTION, PRODUCTION, AND PROVISION OF RELIGIOUS, CHARITABLE, AND  
EDUCATIONAL PROGRAMMING COMMUNICATING THE GOSPEL TO PEOPLES OF THE  
WORLD ON LINEAR TELEVISION AND VARIOUS SERVER BASED PLATFORMS INCLUDING  
BROADBAND, VIDEO ON DEMAND AND WIRELESS. THE POTENTIAL AUDIENCE IS MORE  
THAN 1 BILLION HOUSEHOLDS DOMESTICALLY AND INTERNATIONALLY. THE  
MINISTRY ENHANCES THE RELIGIOUS DEVELOPMENT OF MEN, WOMEN AND CHILDREN.  
PROGRAMMING INCLUDES THE DISTRIBUTION OF DIRECT PREACHING AND BIBLE  
TEACHING, MUSIC SHOWS, AND VALUES BASED PROGRAMMING TO ENCOURAGE PEOPLE  
IN THEIR WALK OF FAITH WHILE MEETING THEIR DESIRE TO BE ENTERTAINED. THE  
MINISTRY DISTRIBUTES A MONTHLY MAGAZINE, DEVOTIONALS, BOOKS, CD'S, AND  
DVD'S DESIGNED TO TEACH AND ENCOURAGE. THE COUNSELING CENTER RESPONDS  
TO CALLS FOR PRAYER FROM PEOPLE WORLDWIDE.

4b (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_) including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4c (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_) including grants of \$ \_\_\_\_\_ (Revenue \$ \_\_\_\_\_)

**4d Other program services. (Describe in Schedule O.)**

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses ► 80,050,943.

## Part IV 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, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II .....	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? 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 X	
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 X	
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," 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 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. <ul style="list-style-type: none"> <li>a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI .....</li> <li>b 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 .....</li> <li>c 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 .....</li> <li>d 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 .....</li> <li>e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X .....</li> <li>f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .....</li> </ul>	11a X 11b X 11c X 11d X 11e X 11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII .....	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional .....	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E .....	13 X	
14a Did the organization maintain an office, employees, or agents outside of the United States? .....	14a X	
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, Parts I and IV .....	14b X	
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, Parts II and IV .....	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV .....	16 X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I .....	17 X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II .....	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III .....	19 X	
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H .....	20a X	
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) .....	20b	

## Part 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	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a	X
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	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV Instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X Yes No
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	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note: All Form 990 filers are required to complete Schedule O	38	X

Form 990 (2010)

## Part VI Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter 0 if not applicable	1a	316
1b	Enter the number of Forms W-2G included in line 1a. Enter 0 if not applicable	1b	0
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
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	401
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
4b	If "Yes," enter the name of the foreign country: ► UNITED KINGDOM See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	4b	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	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
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).	7	
7a	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	X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
7d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.	9	
9a	Did the organization make any taxable distributions under section 4966?	9a	
9b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:	10	
10a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:	11	
11a	Gross income from members or shareholders	11a	
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13	
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
13c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

Check if Schedule O contains a response to any question in this Part VI  **X**

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year .....	1a	6
b	Enter the number of voting members included in line 1a, above, who are independent .....	1b	3
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .....	3	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .....	5	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 of the governing body? .....	7a	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? .....	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body? .....	8a	X
b	Each committee with authority to act on behalf of the governing body? .....	8b	X
9	Is there any officer, director, trustee, or key employee listed in Part VI, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O .....	9	X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue 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	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? .....	11a	X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. .....	12a	X
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13 .....	12b	X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	12c	X
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done .....	13	X
13	Does the organization have a written whistleblower policy? .....	14	X
14	Does the organization have a written document retention and destruction policy? .....	15a	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?	15b	X
a	The organization's CEO, Executive Director, or top management official .....	16a	X
b	Other officers or key employees of the organization .....	16b	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) .....		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....		
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? .....		

**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed ► CA, NC, SC

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  Upon request

19 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: ► **THE CORPORATION - (803) 578-1000**  
**3000 WORLDREACH DRIVE, INDIAN LAND, SC 29707**

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

 Check if Schedule O contains a response to any question in this Part VII 
**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.

- 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, if any. 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.

 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. 

(A) Name and Title	(B) Average hours per week (describe hours for related organizations In Schedule O)	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Individual trustee	Officer	Key employee	Highest compensated employee			
ARDIZZONE, RAY DIRECTOR	2.00	X					0.	0.	0.
CERULLO, BARBARA EVP, ORGANIZATIONAL DEV.	50.00	X	X				183,662.	0.	7,754.
CERULLO, DAVID PRESIDENT / CEO	50.00	X	X				2,097,023.	0.	372,470.
CLARKE, MARTIN DIRECTOR	2.00	X					0.	0.	0.
MIGLIORE, HENRY DIRECTOR	2.00	X					0.	0.	0.
PREUDHOMME, DOUG DIRECTOR	2.00	X					0.	0.	0.
AIRY, WILLIAM CHIEF STRATEGY OFFICER	50.00		X				472,278.	0.	18,278.
ARDIZZONE, DALE EVP BUSINESS & LEGAL AFF	50.00		X				263,150.	0.	17,777.
BRACE, ROBERT EVP, FINANCE	50.00		X				209,505.	0.	13,365.
BUTTS, HAROLD SVP, PROGRAMMING	50.00		X				153,910.	0.	15,760.
CERULLO, BEN PRES, BEN CERULLO MINST	50.00		X				114,068.	0.	74,263.
CHOWNING, KYLE VP, MARKETING & COMM	50.00		X				107,100.	0.	22,410.
DEVOLL, KENT VP, MEDIA MINISTRY - SF	50.00		X				99,142.	0.	16,510.
ELMORSE, CECIL CHIEF INFO. OFFICER	50.00		X				159,416.	0.	77,463.
FAVARO, MARC EVP, WORLDWIDE SALES	50.00		X				628,902.	0.	13,974.
GOSS, JAMES SVP, CREATIVE & PROMO	50.00		X				81,061.	0.	0.
HAWS, CAROLINE VP, HUMAN RESOURCES	50.00		X				98,191.	0.	16,713.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)				(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Individual trustee	Officer	Key employee	Highest compensated employee	Former	
HENDERSON, REBEKAH	50.00		X			181,369.	0.	13,974.
EVP, HALOGEN								
KRAMER, MARK	50.00		X			175,430.	0.	13,974.
SVP, BUSINESS DEVELOP								
LAFFERTY, PARLEY	50.00		X			69,509.	0.	69,615.
VP, COMMUNICATIONS								
LEGG, CHRISTIE	50.00		X			108,406.	0.	4,755.
VP, NETWORK OPS								
MARCUS, WARREN	50.00		X			57,769.	0.	33,607.
VP, LF DEVELOPMENT								
MILLS, HUGH OSSIE	50.00		X			168,783.	0.	133,364.
EVP MINISTRY DEVELOPMENT								
NORD, MARSHALL	50.00		X			112,944.	0.	12,750.
VP, PROGRAMMING								
RICHARDSON, GREGORY	50.00		X			149,666.	0.	14,707.
VP, LEGAL & BUS AFFAIRS								
ROBERTSON, DAVID	50.00		X			147,741.	0.	11,285.
SVP, MINISTRY OUTREACH								
1b Sub-total .....						5,839,025.	0.	974,768.
c Total from continuation sheets to Part VII, Section A .....						2,691,084.	0.	201,996.
d Total (add lines 1b and 1c) .....						8,530,109.	0.	1176764.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ► 43

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

## Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
DOT & CROSS, LLC., 7 LONIA AVE. SW SUITE 300, GRAND RAPIDS, MI 49503	FILM PRODUCTION	404,825.
K&L GATES, LLP, 214 N. TRYON ST., 4TH FLOOR, CHARLOTTE, NC 28202	LEGAL SERVICES	304,797.
DONALD JOHN MCLEAN 802 NEWTON #PH3, SEATTLE, WA 98109	FILM PRODUCTION	150,250.
CAPIN CROUSE, LLP 972 EMERSON PARKWAY, GREENWOOD, IN 46143	ACCOUNTING SERVICES	122,424.
DAVIS WRIGHT TREMAINE, LLP, 1201 THIRD AVE, STE. 2200, SEATTLE, WA 98101	LEGAL SERVICES	112,771.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 5

SEE PART VII, SECTION A CONTINUATION SHEETS

## Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns .....	1a			
	b Membership dues .....	1b			
	c Fundraising events .....	1c			
	d Related organizations .....	1d			
	e Government grants (contributions) .....	1e			
	f All other contributions, gifts, grants, and similar amounts not included above .....	1f	57,064,680.		
	g Noncash contributions included in lines 1a-1f: \$ .....				
	h Total. Add lines 1a-1f .....		57,064,680.		
Program Service Revenue	2 a RELIGIOUS PROGRAMS .....	Business Code 541800	27,518,323.	27,518,323.	
	b TV ADVERTISING .....	541800	8,739,859.	1,237,678.	7,502,181.
	c MANAGEMENT FEES .....	561000	2,092,770	1,846,024	246,746.
	d .....				
	e .....				
	f All other program service revenue .....	900099	818,206.	769,622.	48,584.
	g Total. Add lines 2a-2f .....		39,169,158	31,371,647	
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) .....		87,290.		87,290.
	4 Income from investment of tax-exempt bond proceeds .....				
	5 Royalties .....				
	6 a Gross Rents .....	(i) Real .....			
	b Less: rental expenses .....	(ii) Personal .....			
	c Rental income or (loss) .....				
	d Net rental income or (loss) .....				
	7 a Gross amount from sales of assets other than inventory .....	(i) Securities .....			
	b Less: cost or other basis and sales expenses .....	(ii) Other .....	5,960.		
	c Gain or (loss) .....		44,005.		
	d Net gain or (loss) .....		-38,045.		-38,045.
	8 a Gross income from fundraising events (not including \$ ..... of contributions reported on line 1c). See Part IV, line 18 .....	a .....			
	b Less: direct expenses .....	b .....			
	c Net income or (loss) from fundraising events .....				
	9 a Gross income from gaming activities. See Part IV, line 19 .....	a .....			
	b Less: direct expenses .....	b .....			
	c Net income or (loss) from gaming activities .....				
	10 a Gross sales of inventory, less returns and allowances .....	a .....			
	b Less: cost of goods sold .....	b .....			
	c Net income or (loss) from sales of inventory .....				
	Miscellaneous Revenue	Business Code			
	11 a .....				
	b .....				
	c .....				
	d All other revenue .....				
	e Total. Add lines 11a-11d .....		96,283,083	31,371,647	7,797,511.
	12 Total revenue. See instructions. ....				49,245.

**Part IX Statement of Functional Expenses**

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 .....	343,426.	343,426.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 .....				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	8,904,594.	6,428,695.	1,667,630.	808,269.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....	21,335.	5,791.	15,544.	
7 Other salaries and wages .....	15,632,989.	12,618,468.	2,690,681.	323,840.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....				
9 Other employee benefits .....	1,353,890.	1,068,611.	256,588.	28,691.
10 Payroll taxes .....				
11 Fees for services (non-employees):				
a Management .....				
b Legal .....	358,898.	358,898.		
c Accounting .....	161,776.	161,776.		
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17 .....				
f Investment management fees .....				
g Other .....	583,351.	583,351.		
12 Advertising and promotion .....	1,192,414.	1,186,835.	5,579.	
13 Office expenses .....	1,631,500.	300,300.	624,449.	706,751.
14 Information technology .....	754,626.	605,821.	148,805.	
15 Royalties .....				
16 Occupancy .....	396,712.	297,307.	74,439.	24,966.
17 Travel .....	1,465,224.	1,357,724.	92,775.	14,725.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .....				
19 Conferences, conventions, and meetings .....	191,815.	188,662.	3,118.	35.
20 Interest .....	3,660,666.	3,175,585.	485,081.	
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	12,995,248.	12,546,902.	448,346.	
23 Insurance .....	1,785,015.	646,704.	1,138,311.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) .....				
a DIGITAL SIGNAL SERVICE .....	30,345,092.	27,122,969.	0.	3,222,123.
b CONTRACT SERVICE AND LA .....	9,933,905.	6,392,301.	1,222,822.	2,318,782.
c PRODUCTION, PRINTING, A .....	5,116,191.	4,407,894.	195,074.	513,223.
d .....	0.	0.	0.	0.
e .....	0.	0.	0.	0.
f All other expenses .....	481,425.	252,923.	227,767.	735.
25 Total functional expenses. Add lines 1 through 24f .....	97,310,092.	80,050,943.	9,297,009.	7,962,140.
26 Joint costs. Check here ► <input checked="" type="checkbox"/> If following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation .....	23,987,368.	17,477,707.	4,944,799.	1,564,862.

## Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing .....	2,681,878.	1	1,778,755.
	2 Savings and temporary cash investments .....	1,700,375.	2	1,081,530.
	3 Pledges and grants receivable, net .....		3	
	4 Accounts receivable, net .....	4,304,635.	4	5,688,463.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) .....		6	
	7 Notes and loans receivable, net .....		7	
	8 Inventories for sale or use .....	492,422.	8	680,301.
	9 Prepaid expenses and deferred charges .....	2,420,891.	9	2,215,404.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 135,447,313.		
	b Less: accumulated depreciation .....	10b 48,388,695.	10c 92,373,376.	10c 87,058,618.
	11 Investments - publicly traded securities .....		11 67,549.	11 73,061.
	12 Investments - other securities. See Part IV, line 11 .....		12	
	13 Investments - program-related. See Part IV, line 11 .....		13	
	14 Intangible assets .....		14	
Liabilities	15 Other assets. See Part IV, line 11 .....	22,111,661.	15	25,151,231
	16 Total assets. Add lines 1 through 15 (must equal line 34) .....	126,152,787.	16	123,727,363
	17 Accounts payable and accrued expenses .....	4,054,066.	17	4,419,761.
	18 Grants payable .....		18	
	19 Deferred revenue .....	239,654.	19	240,147.
	20 Tax-exempt bond liabilities .....		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D .....		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22	
Net Assets or Fund Balances	23 Secured mortgages and notes payable to unrelated third parties .....	38,040,379.	23	35,151,179.
	24 Unsecured notes and loans payable to unrelated third parties .....		24	
	25 Other liabilities. Complete Part X of Schedule D .....	19,434,279.	25	20,558,876.
	26 Total liabilities. Add lines 17 through 25 .....	61,768,378.	26	60,369,963.
	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets .....	64,384,409.	27	63,357,400
	28 Temporarily restricted net assets .....		28	
	29 Permanently restricted net assets .....		29	
	Organizations that do not follow SFAS 117, check here ► and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds .....		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund .....		31	
	32 Retained earnings, endowment, accumulated income, or other funds .....		32	
	33 Total net assets or fund balances .....	64,384,409.	33	63,357,400
	34 Total liabilities and net assets/fund balances .....	126,152,787.	34	123,727,363

Form 990 (2010)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI 

1	Total revenue (must equal Part VIII, column (A), line 12) .....	1	96,283,083
2	Total expenses (must equal Part IX, column (A), line 25) .....	2	97,310,092
3	Revenue less expenses. Subtract line 2 from line 1 .....	3	-1,027,009
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .....	4	64,384,409
5	Other changes in net assets or fund balances (explain in Schedule O) .....	5	0
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) .....	6	63,357,400

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII 

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

Form 990 (2010)

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

## Public Charity Status and Public Support

OMB No. 1545-0047

2010

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

---

**Name of the organization**

THE INSPIRATIONAL NETWORK, INC

Employer identification number  
57-0931093

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

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

1	X	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(I).							
2		A school described in section 170(b)(1)(A)(II). (Attach Schedule E.)							
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(III).							
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(III). Enter the hospital's name, city, and state: _____							
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(IV). (Complete Part II.)							
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(V).							
7		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(VI). (Complete Part II.)							
8		A community trust described in section 170(b)(1)(A)(VI). (Complete Part II.)							
9		An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)							
10		An organization organized and operated exclusively to test for public safety. See section 509(a)(4).							
11		An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.							
	a	Type I	b	Type II	c	Type III - Functionally integrated	d	Type III - Other	
e	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).								
f	If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box _____								
g	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?								
	(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____								
	(ii) A family member of a person described in (i) above? _____								
	(iii) A 35% controlled entity of a person described in (i) or (ii) above? _____								
h	Provide the following information about the supported organization(s).								
								Yes	No
								11g(i)	X
								11g(ii)	X
								11g(iii)	X

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

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

**Schedule A (Form 990 or 990-EZ) 2010**

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar 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 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 person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions) .....					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here .....						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) .....	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14 .....	15	%
16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....		►
b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....		►
17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		►
b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		►
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		►

Schedule A (Form 990 or 990-EZ) 2010

032022  
12-21-10

**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 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.)

**Section A. Public Support**

Calendar 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 include any "unusual grants.") .....						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
5 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total. Add lines 1 through 5 .....</b>						
<b>7a Amounts included on lines 1, 2, and 3 received from disqualified persons</b>						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6 .....						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
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.) .....						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here .....						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) .....	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15 .....	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) .....	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17 .....	18	%
19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization .....		
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 .....		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .....		

032023 12-21-10

Schedule A (Form 990 or 990-EZ) 2010

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)				(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Highest paid trustee or director	Individual trustee	Officer	Key employee	Highest compensated employee	Former	
ROOS, JOHN SVP, CORPORATE COMM	50.00		X			178,469.	0.	10,181.
SHUPING, RONALD EVP, PROGRAMMING	50.00		X			179,231.	0.	1,223.
SMITH, TIMOTHY VP, PARTNER RELATIONS	50.00		X			106,648.	0.	34,307.
SOLOW, MARK VP, MINISTRY SALES	50.00		X			169,184.	0.	15,278.
VINSON, WENDY VP, AFFILIATE SALES	50.00		X			89,996.	0.	2,610.
WARDELL, RICK VP, NATIONAL ADV. SALES	50.00		X			155,887.	0.	13,867.
WILLIAMS, BRIAN VP, CREATIVE DESIGN	50.00		X			100,403.	0.	8,715.
WOODARD, KEITH VP, DIRECT RESP. SALES	50.00		X			236,437.	0.	16,168.
YOUNG, KYLE VP BUS. OPS, HALOGEN	50.00		X			151,472.	0.	11,290.
HELMs, DANA VP, FINANCE	50.00		X			84,822.	0.	10,182.
KINGSLEY, THOMAS VP, ENGINEERING	50.00		X			158,876.	0.	13,974.
ROGERS, BRACK VP, OPERATIONS	50.00		X			103,344.	0.	15,372.
BREWSTER, JOHN AFFILIATE DIRECTOR	50.00			X		158,085.	0.	17,454.
COOPER, RUSSELL AFFILIATE DIRECTOR	50.00			X		200,762.	0.	4,965.
EASLEY, TIMOTHY AFFILIATE DIRECTOR	50.00			X		114,002.	0.	19,385.
MCCALL, WILLIAM AFFILIATE DIRECTOR	50.00			X		131,847.	0.	1,970.
MOSES, ROBERT AFFILIATE DIRECTOR	50.00			X		149,054.	0.	4,755.
HOMAN, THOMAS SVP AFFILIATE RELATIONS	0.00				X	222,565.	0.	300.
Total to Part VII, Section A, line 1c						2,691,084.		201,996.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box . . . . ►
- Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).**

Type or print File by the extended due date for filing your return. See Instructions.	Name of exempt organization The Inspirational Network, Inc.	Employer identification number 57-0931083
	Number, street, and room or suite no. If a P.O. box, see instructions. 3000 WorldReach Drive	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Indian Land, SC 29707

Enter the Return code for the return that this application is for (file a separate application for each return) . . . . . 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 1041-A	08
Form 990-BL	02	Form 4720	08
Form 990-EZ	03	Form 5227	10
Form 990-PF	04	Form 8069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06		

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of ► Robert L. Brace, CPA, CFE, CTP
- Telephone No. ► 803-578-1000 FAX No. ► 803-578-1747
- If the organization does not have an office or place of business in the United States, check this box . . . . . ► □
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . . . . . If this is for the whole group, check this box . . . . ► □ . If it is for part of the group, check this box . . . . ► □ and attach a list with the name of each entity. If all the entities in the group are for the same purpose, attach a list with the names of the entities and attach a copy of the group's GEN to each entity's return.

4 I request an additional 3-month extension of time until November 15, 20 11.  
5 For calendar year 2010, or other tax year beginning                   , 20       , and ending                   , 20       .  
6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period  
7 State in detail why you need the extension. Additional time is required to file a complete and accurate return.

<b>8a</b>	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$
<b>b</b>	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$
<b>c</b>	Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$

### Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ► 

Title ► EVR Finance

Date: 8/9/11

Form 8868 (Rev. 1-2011)

**SCHEDULE D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**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

**2010**

Open to Public  
Inspection

Name of the organization

**THE INSPIRATIONAL NETWORK, INC**

Employer identification number  
**57-0931093**

**Part I** **Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts		
1 Total number at end of year .....	.....	.....		
2 Aggregate contributions to (during year) .....	.....	.....		
3 Aggregate grants from (during year) .....	.....	.....		
4 Aggregate value at end of year .....	.....	.....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	.....	.....	Yes	No
6 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? .....	.....	.....	Yes	No

**Part II** **Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)      Preservation of an historically important land area

Protection of natural habitat

Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
2a	.....
2b	.....
2c	.....
2d	.....

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ► \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes      No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes      No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III** **Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ..... ► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ..... ► \$ \_\_\_\_\_

2 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 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ..... ► \$ \_\_\_\_\_

b Assets included in Form 990, Part X ..... ► \$ \_\_\_\_\_

**Part III** Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a Public exhibition	d Loan or exchange programs
b Scholarly research	e Other _____
c Preservation for future generations	

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

**Part IV** Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included

on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

Amount	
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

**Part V** Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net Investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ► %

b Permanent endowment ► %

c Term endowment ► %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization

by

(i) unrelated organizations

(ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI** Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (Investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	39,586.	9,843,693.		9,883,279.
b Buildings		49,776,149.	6,811,062.	42,965,087.
c Leasehold improvements		333,368.	291,400.	41,968.
d Equipment		22,779,565.	19,251,425.	3,528,140.
e Other		52,674,952.	22,034,808.	30,640,144.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ► 87,058,618.

Schedule D (Form 990) 2010

**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
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ►</b>		

**Part VIII Investments - Program Related.** 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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ►</b>		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) NON-TRADE AFFILIATE RECEIVABLE	8,845,548
(2) NETWORK LAUNCH FEES	3,092,471.
(3) CAPITALIZED FILM COSTS	4,074,942.
(4) ACQUIRED PROGRAM COSTS	8,499,853.
(5) TRADEMARKS AND COPYRIGHTS	461,729.
(6) DEPOSITS	149,575.
(7) OTHER ASSETS	27,113.
(8)	
(9)	
(10)	
<b>Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) .....</b>	<b>25,151,231</b>

**Part X Other Liabilities.** See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) CAPITAL LEASE OBLIGATIONS	11,962,272.
(3) ACCRUED NETWORK LAUNCH FEES	1,459,634.
(4) INTEREST RATE SWAP AGREEMENT	2,889,860.
(5) PROGRAM RIGHTS	4,193,120.
(6) OTHER LIABILITIES	53,990.
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) .....</b>	<b>20,558,876.</b>

FIN 48 (ASC 740) Footnote in Part XIV, provide the text or the reference to the organization's financial statements that reports the organization's liability for uncertain tax positions under 2. FIN 48 (ASC 740).

102053

12-20-10

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

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

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per 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:	
a Net unrealized gains on investments .....	2a
b Donated services and use of facilities .....	2b
c Recoveries of prior year grants .....	2c
d 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:	
a Investment expenses not included on Form 990, Part VIII, line 7b .....	4a
b Other (Describe in Part XIV) .....	4b
c Add lines 4a and 4b .....	4c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) .....	5

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1 Total expenses and losses per audited financial statements .....	1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a Donated services and use of facilities .....	2a
b Prior year adjustments .....	2b
c Other losses .....	2c
d 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 IX, line 25, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b .....	4a
b Other (Describe in Part XIV) .....	4b
c Add lines 4a and 4b .....	4c
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) .....	5

**Part XIV Supplemental Information**

Complete 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 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 part to provide any additional information.

**SCHEDULE D, PART X, LINE 2: ON JANUARY 1, 2009, THE COMPANY ADOPTED THE**

**NEW PROVISIONS OF THE INCOME TAX TOPICS OF THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION (ASC). THESE PROVISIONS CLARIFY THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS AND PRESCRIBE GUIDANCE RELATED TO THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION IS ONLY RECOGNIZED IN THE CONSOLIDATED STATEMENTS OF FINANCIAL POSITION IF THE TAX POSITION**

**Part XIV Supplemental Information (continued)**

IS MORE LIKELY THAN NOT TO BE SUSTAINED UPON AN EXAMINATION, BASED ON THE  
TECHNICAL MERITS OF THE POSITION. INTEREST AND PENALTIES, IF ANY, ARE  
INCLUDED IN EXPENSE IN THE CONSOLIDATED STATEMENTS OF ACTIVITIES. AS OF  
DECEMBER 31, 2010, THE COMPANY HAD NO UNCERTAIN TAX POSITIONS THAT QUALIFY  
FOR RECOGNITION OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS.

**SCHEDULE I**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
► Attach to Form 990.

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

**THE INSPIRATIONAL NETWORK, INC**

**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. ►

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOOD NEWS INDIA 1103 N SPRINGBROOK ROAD STE. 6 NEWBERG, OR 97132	86-1003656	501(c)(3)	20,000.	0.FMV			GENERAL SUPPORT
LOVE A CHILD, INC. 9304 CAMDEN FIELD PARKWAY RIVERVIEW, FL 33578	59-2672303	501(c)(3)	10,000.	0.FMV			GENERAL SUPPORT
NEW THING 403 LINEBROOK ROAD IPSWICH, MA 01938	16-1627540	501(c)(3)	11,000.	0.FMV			GENERAL SUPPORT
CONVOY OF HOPE 330 S PATTERSON SPRINGFIELD, MO 65802	68-0051386	501(c)(3)	180,000.	0.FMV			GENERAL SUPPORT
MASTERMEDIA INTERNATIONAL 330 N 6TH STREET STE. 110 REDLANDS, CA 92374	33-0104548	501(c)(3)	10,000.	0.FMV			GENERAL SUPPORT
LILY OF THE VALLEY ORPHANAGES PO BOX 1108 NATIONAL CITY, CA 91951		501(c)(3)	26,400.	0.FMV			GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations .....  
3 Enter total number of other organizations .....  
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2010)

## Schedule I (Form 990) THE INSPIRATIONAL NETWORK, INC

## Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

57-0931093 Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MESSIANIC JEWISH ALLIANCE OF AMERICA - PO BOX 274 - SPRINGFIELD, PA 19064	501(c)(3)		10,000.	0	FMV	GENERAL SUPPORT	

Schedule I (Form 990)

LHA

032241 12-21-10

# THE INSPIRATIONAL NETWORK, INC

**Grants and Other Assistance to Individuals In the Unit**  
Part III can be duplicated if additional space is needed.

**Part IV** **Supplements Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information

**SCHEDULE J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees

► Complete if the organization answered "Yes" to Form 990,  
Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

**THE INSPIRATIONAL NETWORK, INC**

Employer identification number  
**57-0931093**

**Part I Questions Regarding Compensation**

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

<input checked="" type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use
Travel for companions	Payments for business use of personal residence
<input checked="" type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees
Discretionary spending account	Personal services (e.g., maid, chauffeur, chef)

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? .....

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

<input checked="" type="checkbox"/> Compensation committee	Written employment contract
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study
Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment from the organization or a related organization? .....

b Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....

c Participate in, or receive payment from, an equity-based compensation arrangement? .....

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization? .....

b Any related organization? .....

If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization? .....

b Any related organization? .....

If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III .....

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

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

Schedule J (Form 990) 2010

032111  
12-21-10

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.**

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 CERULLO, BARBARA	\$ 169,630.	0.	14,032.	0.	7,754.	191,416.	0.
2 CERULLO, DAVID	\$ 1,946,673.	0.	150,350.	0.	372,470.	2,469,493.	0.
3 AIRY, WILLIAM	\$ 467,864.	0.	4,414.	0.	0.	490,556.	0.
4 ARDIZZONE, DALE	\$ 253,551.	0.	9,599.	0.	17,777.	280,927.	0.
5 BRACE, ROBERT	\$ 199,863.	0.	9,642.	0.	0.	0.	0.
6 BUTTS, HAROLD	\$ 143,458.	0.	10,452.	0.	15,760.	169,670.	0.
7 CERULLO, BEN	\$ 110,555.	0.	3,513.	0.	0.	0.	0.
8 ELMORE, CECIL	\$ 141,345.	0.	18,071.	\$ 16,026.	\$ 61,437.	236,879.	0.
9 FAVARO, MARC	\$ 621,093.	0.	7,809.	0.	0.	0.	0.
10 HENDERSON, REBEKAH	\$ 177,386.	0.	3,983.	0.	13,974.	195,343.	0.
11 KRAMER, MARK	\$ 165,727.	0.	9,703.	0.	0.	0.	0.
12 MILLS, HUGH OSSIE	\$ 132,865.	0.	35,918.	\$ 22,000.	\$ 111,364.	302,147.	0.
13 RICHARDSON, GREGORY	\$ 145,280.	0.	4,386.	0.	14,707.	164,373.	0.
14 ROBERTSON, DAVID	\$ 145,785.	0.	1,956.	0.	0.	0.	0.
15 ROOS, JOHN	\$ 165,212.	0.	13,257.	0.	10,181.	188,650.	0.
16 SHUPING, RONALD	\$ 29,623.	0.	149,608.	0.	0.	180,454.	0.
						0.	0.

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

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

(A) Name	(B) Breakdown of W2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation				
1 SOLOW, MARK	(i) 163,672.	0.	5,512.	0.	15,278.	184,462.	0.
2 WARDELL, RICK	(i) 152,882.	0.	3,005.	0.	13,867.	169,754.	0.
3 WOODARD, KEITH	(i) 234,067.	0.	2,370.	0.	16,168.	252,605.	0.
4 YOUNG, KYLE	(i) 146,564.	0.	4,908.	0.	11,290.	162,762.	0.
5 KINGSLEY, THOMAS	(i) 156,213.	0.	2,663.	0.	13,974.	172,850.	0.
6 BREWSTER, JOHN	(i) 154,557.	0.	3,528.	0.	17,454.	175,539.	0.
7 COOPER, RUSSELL	(i) 197,215.	0.	3,547.	0.	4,965.	205,727.	0.
8 MOSES, ROBERT	(i) 136,571.	0.	12,483.	0.	4,755.	153,809.	0.
9 HOHMAN, THOMAS	(i) 77,611.	0.	144,954.	0.	300.	222,865.	0.
10	(i)	(ii)	(iii)	(C)	(D)	(E)	(F)
11	(i)	(ii)	(iii)	(C)	(D)	(E)	(F)
12	(i)	(ii)	(iii)	(C)	(D)	(E)	(F)
13	(i)	(ii)	(iii)	(C)	(D)	(E)	(F)
14	(i)	(ii)	(iii)	(C)	(D)	(E)	(F)
15	(i)	(ii)	(iii)	(C)	(D)	(E)	(F)
16	(i)	(ii)	(iii)	(C)	(D)	(E)	(F)

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

**PART I, LINE 1A: EXPENSES REIMBURSED ACCORDING TO WRITTEN TRAVEL AND ENTERTAINMENT POLICY STATEMENT AND/OR APPROVED IN BOARD MINUTES.**

**PART I, LINE 4A: RONALD SHUPING (SEVERANCE) - \$145,787, THOMAS HOHMAN (SEVERANCE) - \$139,505**

**PART I, LINE 5: PART I, LINE 5A AND 5B: COMMISSION PAYMENTS - SALES COMMISSIONS ARE PAID TO THE COMMERCIAL AND MINISTRY SALES TEAMS BASED ON SALES OF NETWORK AIRTIME. SALES COMMISSIONS ARE PAID TO THE AFFILIATE SALES TEAMS BASED ON THE NUMBER OF NEW SUBSCRIBERS.**

**PART I, LINE 5A AND 5B: PRESIDENT AND CHIEF EXECUTIVE OFFICER - PURSUANT TO A BOARD RESOLUTION, THE CORPORATION PAYS ITS PRESIDENT AN ANNUAL BASE SALARY. AN ADDITIONAL COMPONENT OF ANNUAL BASE COMPENSATION IS BASED ON GROSS RECEIPTS AND OPERATIONS OF THE CORPORATION, SUBJECT TO A CAP.**

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

## **Transactions With Interested Persons**

OMB No. 1545-0047

**2010**

**Open To Public  
Inspection**

**Department of the Treasury  
Internal Revenue Service**

- Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
- Attach to Form 990 or Form 990-EZ. ► See separate instructions

**Name of the organization**

THE INSPIRATIONAL NETWORK, INC

Employer identification number  
**57-0931093**

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

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

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

**Part II** | **Loans to and/or From Interested Persons.**

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

**Total** ► \$  
**Part III** Grants or Assistance Benefiting Interested Persons

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

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

**Schedule L (Form 990 or 990-EZ) 2010**

THE INSPIATIONAL NETWORK, INC

57-0931093

Page 2

**Schedule L (Form 990 or 990-EZ) 2010**

## Part IV Business Transactions Involving Interested Persons.

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

**Part V** **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

Name of the organization

THE INSPIRATIONAL NETWORK, INC

Employer identification number  
57-0931093

FORM 990, PART VI, SECTION A, LINE 2: YES, DAVID CERULLO, PRESIDENT AND  
CEO, IS THE SPOUSE OF BARBARA CERULLO, EVP ORGANIZATIONAL DEVELOPMENT.

DAVID CERULLO, PRESIDENT AND CEO, IS ALSO THE FATHER OF BEN CERULLO,  
PRESIDENT OF BEN CERULLO MINSTRIES AND STEELROOTS. DAVID CERULLO,  
PRESIDENT AND CEO, IS ALSO THE FATHER OF REBEKAH HENDERSON, EVP/GENERAL  
MANAGER OF HALOGEN. RAY ARDIZZONE, DIRECTOR, IS THE FATHER OF DALE  
ARDIZZONE, EVP BUSINESS AND LEGAL AFFAIRS.

FORM 990, PART VI, SECTION B, LINE 11: THE COMPANY USES DELOITTE TAX, LLP  
AS ITS OUTSIDE TAX ADVISORS AND PAID PREPARER. INFORMATION FOR THE FORM 990  
IS GATHERED BY THE EXECUTIVE VICE PRESIDENT OF FINANCE. FORM 990 IS  
REVIEWED BEFORE SUBMISSION BY THE CHAIRMAN AND CHIEF EXECUTIVE OFFICER AS  
WELL AS THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION REGULARLY AND  
CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST  
POLICY THROUGH A PROCESS OVERSEEN BY THE EVP OF BUSINESS AFFAIRS AND CHIEF  
LEGAL COUNSEL. ANY OFFICER, DIRECTOR OR KEY EMPLOYEE WHO HAS A DIRECT OR  
INDIRECT FINANCIAL INTEREST, MUST DISCLOSE ALL MATERIAL FACTS. ANY  
INDIVIDUAL WITH A CONFLICT OF INTEREST IS PROHIBITED FROM PARTICIPATING IN  
THE GOVERNING BODY'S DELIBERATIONS AND DECISIONS IN THE TRANSACTION FOR  
WHICH HE/SHE HAS CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15: 15A. THE CEO'S COMPENSATION WAS  
ESTABLISHED AND PUT IN PLACE BY THE BOARD OF DIRECTORS AT THE INITIAL

MEETING OF THE ORGANIZATION. ANNUALLY THE COMPENSATION IS SUBMITTED TO THE

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ  
032211  
01-24-11

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

Name of the organization

THE INSPIRATIONAL NETWORK, INC

Employer identification number  
57-0931093

BOARD FOR APPROVAL TO ENSURE IT IS NOT EXCESSIVE. IN THE REVIEW OF COMPENSATION, AN EXECUTIVE COMPENSATION SURVEY IS COMPLETED BY AN INDEPENDENT OUTSIDE PARTY. A FOUR MEMBER INDEPENDENT COMPENSATION COMMITTEE AND INDEPENDENT BOARD MEMBER(S) REVIEW THE SURVEY AND APPROVE THE COMPENSATION. DURING THE REVIEW AND APPROVAL OF THE COMPENSATION, DOCUMENTATION OF THE DECISION IS RECORDED IN THE BOARD MINUTES. THE CEO IS NOT PRESENT WHEN COMPENSATION IS REVIEWED AND APPROVED.

FORM 990, PART VI, SECTION B, LINE 15B: IN DETERMINING COMPENSATION OF THE ORGANIZATION'S OTHER OFFICERS AND KEY EMPLOYEES, THE PROCESS INCLUDED A REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA, AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION. IN THE REVIEW OF COMPENSATION, AN EXECUTIVE COMPENSATION SURVEY IS COMPLETED BY AN INDEPENDENT OUTSIDE PARTY. THE SIX MEMBER WAGE AND SALARY COMPENSATION COMMITTEE AND INDEPENDENT BOARD MEMBER(S) REVIEW THE SURVEY AND APPROVE COMPENSATION. DURING THE REVIEW AND APPROVAL OF THE COMPENSATION, DOCUMENTATION OF THE DECISION IS RECORDED IN THE BOARD MINUTES. OTHER OFFICERS AND KEY EMPLOYEES ARE NOT PRESENT WHEN COMPENSATION IS REVIEWED AND APPROVED.

FORM 990, PART VI, SECTION C, LINE 19: NO DOCUMENTS AVAILABLE TO THE PUBLIC.

Form 990, PART VIII, LINE 2c, Column B: Management fees have been amended for correction of an error.

<b>SCHEDULE R</b> (Form 990)		OMB No. 1545-0047 <b>2010</b> Open to Public Inspection
<b>Related Organizations and Unrelated Partnerships</b>		
▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ▶ Attach to Form 990. ▶ See separate instructions.		
Name of the organization	<b>THE INSPIRATIONAL NETWORK, INC</b>	
<b>Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)</b>		

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

14A

**Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

Identification of Related Combinations Testable as a Probable (General) Hypothesis Page 2

## **Part IV Identification of Related Organizations Taxable as a Corporation**

**Part IV** **Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 8861 to Form 8864)**

Organizations treated as a corporation or trust during the tax year.						
(a)	(b)	(c)	(d)	(e)	(f)	(g)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets
INSPIRATIONAL HOLDINGS, INC. & SUBSIDIARIES - 34-2018804, 9700 SOUTHERN PINES BLVD, CHARLOTTE, NC 28273	HOLDING COMPANY FOR BROADCASTING SUBSIDIARIES	NC	THE INSPIRATIONAL NETWORK, INC.	C CORP	324,355.	25,505.

## Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity .....
- b Gift, grant, or capital contribution to other organization(s) .....
- c Gift, grant, or capital contribution from other organization(s) .....
- d Loans or loan guarantees to or for other organization(s) .....
- e Loans or loan guarantees by other organization(s) .....

f Sale of assets to other organization(s) .....

g Purchase of assets from other organization(s) .....

h Exchange of assets .....

i Lease of facilities, equipment, or other assets to other organization(s) .....

j Lease of facilities, equipment, or other assets from other organization(s) .....

k Performance of services or membership or fundraising solicitations for other organization(s) .....

l Performance of services or membership or fundraising solicitations by other organization(s) .....

m Sharing of facilities, equipment, mailing lists, or other assets .....

n Sharing of paid employees .....

o Reimbursement paid to other organization for expenses .....

p Reimbursement paid by other organization for expenses .....

q Other transfer of cash or property to other organization(s) .....

r Other transfer of cash or property from other organization(s) .....

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(b) Name of other organization	(b) Transaction type (a-1)	(c) Amount involved	(d) Method of determining amount involved
(1) INSPIRATION MINISTRIES UK	K	4 83 , 208	ACCOUNTING AND PAYROLL RECORDS
(2) INSPIRATION MINISTRIES UK INSPIRATIONAL HOLDINGS, INC. & SUBSIDIARIES	M	4 89 , 802	ACCOUNTING AND PAYROLL RECORDS
(3) SUBSIDIARIES	M	2 40 , 374	ACCOUNTING AND PAYROLL RECORDS
(4)			
(5)			
(6)			

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

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

**Part VII Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Form 4562

Department of the Treasury  
Internal Revenue Service (99)Depreciation and Amortization 990  
(Including Information on Listed Property)

OMB No. 1545-0172

2010

Attachment  
Sequence No. 67

► See separate Instructions. ► Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

THE INSPIRATIONAL NETWORK, INC

FORM 990 PAGE 10

57-0931093

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions) .....	1	500,000.
2 Total cost of section 179 property placed in service (see instructions) .....	2	
3 Threshold cost of section 179 property before reduction in limitation .....	3	2,000,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- .....	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1 if zero or less, enter -0- If married filing separately, see instructions .....	5	
6 (a) Description of property .....	(b) Cost (business use only) .....	(c) Elected cost .....
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 2009 Form 4562 .....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 .....	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 2011. Add lines 9 and 10, less line 12 .....	13	

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

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

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

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

## Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2010 .....	17	5,697,420.
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 2010 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

## Section C - Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28 .....	21	
22 Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see Instr. .....	22	5,697,420.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs .....	23	

016251  
12-21-10 LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2010)

**Part V** Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

24a Do you have evidence to support the business/investment use claimed?					Yes	No	24b If "Yes," is the evidence written?	Yes	No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ Investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost	
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							25		
26 Property used more than 50% in a qualified business use:									
		%							
		%							
		%							
27 Property used 50% or less in a qualified business use:									
		%			S/L-				
		%			S/L-				
		%			S/L-				
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29		

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No										
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners	Yes	No
39 Do you treat all use of vehicles by employees as personal use?	Yes	No
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?	Yes	No
41 Do you meet the requirements concerning qualified automobile demonstration use?	Yes	No
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.		

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2010 tax year:					
43 Amortization of costs that began before your 2010 tax year					
				43	7,297,828
44 Total. Add amounts in column (f). See the instructions for where to report					
				44	7,297,828