DLN: 93493123010019 OMB No 1545-0047 **Return of Organization Exempt From Income Tax 2018** Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Treasury Internal Revenue Service A For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 C Name of organization IMPACT TELEVISION NETWORK D Employer identification number **B** Check if applicable \square Address change 34-2007696 \square Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 2929 FULTON AVENUE ☐ Amended return \square Application pending (916) 971-9111 City or town, state or province, country, and ZIP or foreign postal code Sacramento, CA $\,\,$ 95821 $\,\,$ G Gross receipts \$ 379,753 Name and address of principal officer U/~\

Form	990 (2018)						Page 2
Pa	rt III Statem	ent of Program Service	Accomplishments				
	Check if S	Schedule O contains a respons	e or note to any line in th	ıs Part III			
1	Briefly describe t	the organization's mission					
	cognize, source, c lobe into every na		rld class religious, family	oriented, prophe	tic educational content in a sp	ırıt of excellenc	e across
2	Did the organiza	tion undertake any significant	program services during	the year which w	ere not listed on		
	the prior Form 9	90 or 990-EZ?				🗌 Yes 💆	No
	If "Yes," describe	e these new services on Sched	ule O				
3	Did the organiza	tion cease conducting, or mak	e significant changes in h	ow it conducts, a	ny program		
		• • • • • • • • • • • • • • • • • • •				☐ Yes	☑ No
4	Describe the org Section 501(c)(3	anızatıon's program service ad	complishments for each of are required to report the		t program services, as measur ts and allocations to others, th		S
4a	(Code) (Expenses \$	93,131 including gra	nts of \$	0) (Revenue \$	184,311)	
	See Additional Data	a					
4b	(Code) (Expenses \$	ıncluding gra	nts of \$) (Revenue \$)	
4c	(Code) (Expenses \$	ıncluding gra	nts of \$) (Revenue \$)	
4d		services (Describe in Schedule	•		Devenue d	`	
	(Expenses \$		ng grants of \$) (Revenue \$)	
4e	ı otal program	service expenses ▶	93,131				

	n 990 (2018)			Page 3
Р	art IV Checklist of Required Schedules		l	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete	1	Yes Yes	No
2	Schedule A 2	2		No
3			<u> </u>	No
	•			
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	990 (2018)			Page 4
Pa	Checklist of Required Schedules (continued)			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		Yes	No
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
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 way issued after December 31, 20022_If "Vec." answer lines 34h through 34d and			
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Form	990 (2018)					Page 5
2a	Enter the number of employees reported on Form W-3, Transmittal of Wag Tax Statements, filed for the calendar year ending with or within the year this return	covered by	la .	3		
_ h	If at least one is renorted on line 2a_did_the organization file all required fe	ederal employme	nt tax_returns?		2b Yes	Ι,
•		l				
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	(Column (b) must equal Form 990, Part X, col (B) line 13)					
Par	Other Assets. Complete if the organization answered 'Yes' on Fo (a) Description	orm 990, Part IV,	line 11d See	Form 990, Part	(b) Book v	alue
(1)	(4) 2000, p. 101				(0) 0000	
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Tota	. (Column (b) must equal Form 990, Part X, col (B) line 15)			•		
Pa	Other Liabilities. Complete if the organization answered "	Yes' on Form 9	90, Part IV,	line 11e or 11	.f.	
1.	See Form 990, Part X, line 25. (a) Description of liability	(b) Book v	alue			
	ederal income taxes					
Payro	II Taxes		338			
(2)						
(3)						
(4)						
(4) (5)						

Form 990 (2018)	Page 6
Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI	to lines
Section A. Governing Body and Management	
Ye	s No

101111 330 (2010)										raye /
Part VII Compensation of Officers, D and Independent Contracto		stees	Key	y Er	npl	oyee	s, H	lighest Comper	sated Employe	ees,
Check if Schedule O contains a resp	onse or note to	anv lii	ne in	this	Part	: VII .				\square
Section A. Officers, Directors, Truste										
1a Complete this table for all persons required to year	be listed Rep	ort com	pens	atıor	n for	the c	alen	dar year ending wit	th or within the org	ganızatıon's tax
• List all of the organization's current officers of compensation Enter -0- in columns (D), (E), a							or o	rganizations), rega	rdless of amount	
 List all of the organization's current key em 	ployees, if any	See in:	struct	tions	for	defini	tion	of "key employee '	•	
• List the organization's five current highest of who received reportable compensation (Box 5 of organization and any related organizations										
• List all of the organization's former officers, of reportable compensation from the organization					pen	sated	emp	loyees who receive	ed more than \$100	,000
• List all of the organization's former directo organization, more than \$10,000 of reportable co										
List persons in the following order individual trus compensated employees, and former such perso		rs, ınst	itutio	nal t	rust	ees, c	office	ers, key employees	, highest	
L Check this box if neither the organization no	r any related oi	rganıza	tion c	omp	ens	ated a	ny c	urrent officer, dire	ctor, or trustee	_
(A) Name and Title	(B) Average hours per week (list any hours	than o	ne b	ox, ι in of	t ch unle: ficei	and a	son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	individual trustee or director	Institutional True	Officer	key employee	Highest compensati	Former	(W- 2/1099- MISC)	(Ŵ- 2/1099- MISC)	organization and related organizations
(1) YURIY CHERNYETSKY	40 00	4.	ustee			sated				
PRESIDENT & CEO				Х				15,600	0	0
(2) INNA CHERNYETSKY SECRETARY	40 00			x				15,600	0	0
(3) Fedor Pilipchuk TREASURE	40 00			x				28,800	0	0

		(2018)							Page 9
Part	VIII								
		Check if Schedul	e O contains	a respo	onse or note to any	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1 a	Federated campaig	ns	1a			revenue		512 - 514
nts nts		• Membership dues		1b					
irai 10 u	[: Fundraising events		1c					
s, c An	`	Related organizatio		1d					
Gift Ia	`	Government grants (co		1e	5,465				
is, i	,	All other contributions		1	J,403				
Contributions, Gifts, Grants and Other Similar Amounts	Ι.	and similar amounts n	ot included	1f	230,159				
ë F	و	Noncash contribution	ons included						
		ın lınes 1a - 1f \$							
<u>ة</u> ك	_	1 Total. Add lines 1a	-1f	•	•	235,624			
Пе					Business	Code			
Service Revenue	2a _			_					
υ α <u>κ</u>	b								
Š	С			_					
ž	d								
ran	e f	All other program se	rvice revenue	_			144,032	5,4	72 0
Program		Fotal. Add lines 2a–2			_	144,032			
_		investment income (ii			interest and other	1		1	
	s	ımılar amounts) .			•	9	97	97	0
		ncome from investme				-		+	
	5 1	Royalties	(ı) Rea		(II) Personal	* 		1	
	6a	Gross rents	(1) Rea	''	(II) T er soriar	1			
						4			
	b	Less rental expenses							
	С	Rental income or (loss)				7			
	d	Net rental income o	r (loss)			_			
	-	Net rental income o	(i) Securit		(II) Other				
	7a	Gross amount from sales of	,,		, ,	7			
		assets other than inventory							
		·				4			
	Ь	Less cost or other basis and sales expenses							
	С	Gain or (loss)				1			
	d	Net gain or (loss) .			>				
A 1		Gross income from for (not including \$		ents of					
J. T.		contributions reporte	ed on line 1c)		J				
eve		See Part IV, line 18				4			
ت ه		Less direct expense Net income or (loss)			ents •	_			
Other Revenue	9a	Gross income from g	jaming activit			1			
0		See Part IV, line 19		а	}				
	Ь	Less direct expense	s	b		-			
		Net income or (loss)		activit	ies				
	10a	Gross sales of invent	tory, less						
		recarris and anomane		a	1				
	Ь	Less cost of goods s	sold	b					
	С	Net income or (loss)		f invent					
	11:	Miscellaneous	Revenue		Business Code	4			
	-11	u							
	ь				•			-	
	С								
	d	All other revenue .				+			
	е	Total. Add lines 11a	-11d		•				
	12	Total revenue. See	Instructions			270 75	138,56	0 5 5 6 6	0
						379,75	130,56	0 5,569	Form 900 (2018)

Form	n 990 (2018)				Page 10
	on 501(c)(3) and 501(c)(4) organizations must complete all co	olumns All other orga	inizations must comp	olete column (A)	
	Check if Schedule O contains a response or note to any	line in this Part IX .			\square
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	26,594	26,594		
2	Grants and other assistance to domestic individuals See Part IV, line 22	15,500	15,500		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	2,000	2,000		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	49,989	0	49,989	0
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages				
	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	15,317	0	1 5,317	0
11	Fees for services (non-employees)				
a	Management				
b	Legal				
С	Accounting	910	0	910	0
	Lobbying				
	Professional fundraising services See Part IV, line 17				
	Investment management fees				
	- <u>-</u>	14 700	0	14 700	0
_	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	14,708	0	14,708	0
	Advertising and promotion	161,569	0	161,569	0
	Office expenses				
14	Information technology				
15	Royalties				_
16	Occupancy	30,410	0	30,410	0
17	Travel	7,497	0	7,497	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,698	3,698	0	0
23	Insurance				_
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
	a Bank Fees	115	0	115	0
	• Misc Reimbursements	189	189	0	0
•	c VEHICLE EXPENSES	14,660	0	14,660	0
•	d Small Purchases	425	425	0	0
	e All other expenses	45,810	44,725	1,085	0
25	Total functional expenses. Add lines 1 through 24e	389,391	93,131	296,260	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

373,404

315,837

Page **11**

57,567

490

195.769

-8,137

81.691

338

73.892

121,877

121,877

195,769

Form **990** (2018)

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61,265

202,662

-19,840

83.765

4.138

68.063

134,599

134.599

202,662

Check if Schedule O contains a response or note to any line in this Part IX .			🗆
	(A) Beginning of year		(B) End of year
1 Cash_non_interest_hearing	10 335	1	-323

-	Cash-non-interest-bearing	10,555	_	-020
2	Savings and temporary cash investments	112,132	2	124,905
3	Pledges and grants receivable, net	2,160	3	2,160
4	Accounts receivable, net	16,770	4	10,970
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			

10b

Assets

11

12

13

14

15

16

17

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24

26

27

28

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32

33

34

Liabilities 22

Fund Balances

Assets or 30

Net

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) Complete Part II of Schedule L Notes and loans receivable, net . Inventories for sale or use . Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 10a basis Complete Part VI of Schedule D

Investments—publicly traded securities .

Other assets See Part IV, line 11 . . .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17 - 24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Intangible assets

Grants payable . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Investments—other securities See Part IV, line 11 .

Total assets. Add lines 1 through 15 (must equal line 34) . .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and

Investments-program-related See Part IV, line 11

Less accumulated depreciation

Form 990 (2018) Page :	L2
Part XI	Reconcilliation of Net Assets	_
	Check if Schedule O contains a response or note to any line in this Part XI	1
5.		
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Additional Data

Software ID: 18007482

Software Version: **EIN:** 34-2007696

Name: IMPACT TELEVISION NETWORK

Form 990 (2018)

Form 990, Part III, Line 4a:

TO RECOGNIZE, SOURCE, CREATE AND ACKNOWLEDGE AND PRESENT WORLD CLASS RELIGIOUS, FAMILY ORIENTED, PROPHETIC, EDUCATIONAL CONTENT IN A SPIRIT OF

EXCELLENCE ACROSS THE GLOBE INTO EVERY NATION, RECONCILING MAN, WOMAN AND CHILD WITH GOD BY THE POWER OF THE HOLY GHOST

efile GRAPHIC prir	nt - DO NOT PROCESS As Filed Data -	DLN: 93493123010019
SCHEDULE A	Public Charity Status and Public Support	OMB No 1545-0047
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instructions

	(Complete only if you che						ify under Part
	III. If the organization fa	ıls to qualıfy ur	nder the tests lis	ted below, pleas	se complete Par	t III.)	
S	ection A. Public Support						
	Calendar year	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	(or fiscal year beginning in) ▶	(a) 2014	(0) 2013	(0) 2010	(u) 2017	(e) 2010	(I) Total
L	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grant ")						
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						
	Total. Add lines 1 through 3						
	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)						
	Public support. Subtract line 5 from						
	line 4						
5	ection B. Total Support	1	1	1		1	ı
	Calendar year	(a)2014	(b) 2015	(c)2016	(d)2017	(e)2018	(f)Total
	(or fiscal year beginning in) 🟲	(-/	(-)	(3,2020	(-)	(-)	(171000
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 VI)						
11	• •						
	10						
12	Gross receipts from related activities, e	etc (see instructi	ons)			12	l.
13	First five years. If the Form 990 is fo	r the organization	n's first, second, th	iird, fourth, or fifth	tax year as a sec	tion 501(c)(3) org	ianization,
	check this box and stop here					▶[
S	ection C. Computation of Public						
	Public support percentage for 2018 (lin			column (f))			
				column (1))		14	0 '
	Public support percentage for 2017 Sch					15	
16a	33 1/3% support test—2018. If the	organization did	not check the box	on line 13, and lin	e 14 is 33 1/3% o	r more, check this	box
	and stop here. The organization qualif	fies as a publicly	supported organiza	ation			ightharpoons
b	33 1/3% support test-2017. If the	e organization did	l not check a box o	on line 13 or 16a, a	and line 15 is 33 i	/3% or more, che	ck this
	box and stop here. The organization	qualifies as a pul	olicly supported or	ganization			▶ □
17~	10%-facts-and-circumstances test				e 13, 16a, or 16b	and line 14	, —
L/a	is 10% or more, and if the organization						
	in Part VI how the organization meets						
	_	and races and ch	campances test	c organización (144mics as a publ	ici, supported	. 🗆
	organization						▶ □
b	10%-facts-and-circumstances tes						
	15 is 10% or more, and if the organiz						
	Explain in Part VI how the organizatio	n meets the "fact	s-and-circumstanc	es" test. The orga	nization 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

(Complete only if you checked the box on line 10 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	

	the organization fails to	qualify under t	the tests listed I	pelow, please co	omplete Part II.)	
S	ection A. Public Support				T		_
	Calendar year	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	(or fiscal year beginning in) ► Gifts, grants, contributions, and			, ,	. ,	1 7	1
_	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						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
L	3 received from disqualified persons Amounts included on lines 2 and 3						
U	received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						1 0
	from line 6)						
Se	ection B. Total Support						
	Calendar year	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
_	(or fiscal year beginning in) ▶	(,	(-,	(-,	(,	(-,	(-,
9							
L0a	Gross income from interest,	I					
	dividends, payments received on securities loans, rents, royalties and	I					
	income from similar sources	I					
b	Unrelated business taxable income						
_	(less section 511 taxes) from	I					
	businesses acquired after June 30,	I					
	1975	ļ					
C	Add lines 10a and 10b	<u> </u>					
11		I					
	activities not included in line 10b,	I					
	whether or not the business is regularly carried on	I					
12	· · · · · · · · · · · · · · · · ·						
	loss from the sale of capital assets	I					
	(Explain in Part VI)	<u> </u>					
13							
	11, and 12)	<u> </u>					
14	First five years. If the Form 990 is fo	r the organization	i's first, second, th	nird, fourth, or fift	h tax year as a se	ection 501(c)(3)	
	check this box and stop here						▶⊔
S	ection C. Computation of Public S						
15	Public support percentage for 2018 (lin	e 8, column (f) d	ivided by line 13,	column (f))		15	0 %
16	Public support percentage from 2017 S	chedule A, Part I	II, line 15			16	
Se	ection D. Computation of Investi	ment Income	Percentage			•	
17	Investment income percentage for 201	8 (line 10c, colui	mn (f) divided by	lıne 13, column (f	"))	17	0 %
18	Investment income percentage from 2	017 Schedule A,	Part III, line 17			18	
	331/3% support tests-2018. If the	organization did r	not check the box	on line 14, and lin	ne 15 is more than		ne 17 is not
	more than 33 1/3%, check this box and						▶ □
	33 1/3% support tests—2017. If the	-					

not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

ightharpoons

Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Page 4

9a

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Schedule A (Form 990 or 990-EZ) 2018

provide detail in Part VI.

answer line 10b below

10a

organization had an interest? If "Yes," provide detail in Part VI.

the organization had excess business holdings)

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

	ection A. All Supporting Organizations		
		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?		
	If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose,		

If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,	
describe the designation If historic and continuing relationship, explain	1
Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described	

	describe the designation of historic and continuing relationship, explain	1	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described		
	ın section 509(a)(1) or (2)	2	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		
	below	3a	

	, , , , , , , , , , , , , , , , , , , ,	1	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described		
	ın section 509(a)(1) or (2)	2	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		
	below	3a	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the		
	determination	3b	

	below	3a	
b	Did the organization confirm that each supported organization qualified under section $501(c)(4)$, (5) , or (6) and satisfied the public support tests under section $509(a)(2)$? If "Yes," describe in Part VI when and how the organization made the		
	determination	3b	
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?		
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		
	checked 12a or 12b in Part I, answer (b) and (c) below		
h	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported		

	the public support tests under section 509(a)(2)? If res, describe in Part VI when and now the organization made the		
	determination	3b	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?		
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below		
	Checked 12a of 12b m Falt 1, answer (b) and (c) below	4a	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported		
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b	
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections		
	501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support		
	to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes	4c	

4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b ın Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support			
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by			
	amendment to the organizing document)	5a		
			ı	I

С	Did the organization support any foreign supported organizations that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support		
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с	
6	Did the organization provide curport (whether in the form of grants or the provision of convices or facilities) to anyone other		

6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing		
	organization's supported organizations? If "Yes," provide detail in Part VI.	6	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a		
	substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	_	

7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a			
	substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)			
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? complete Part I of Schedule L (Form 990 or 990-EZ)	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"			
	complete Part 1 of Schedule L (Form 990 or 990-EZ)			
9 a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as			

defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

	Supporting Organizations (continued)			age :
C	Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		165	110
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
٠	governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
	Section B. Type I Supporting Organizations			
_	ection of Type 2 oupporting organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		
_	-			
	Section C. Type II Supporting Organizations		Yes	No
	Ware a managing of the agreement on's discrete as twicetons dissing the tax years also a managing of the discrete as twicetons of		res	NO
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
S	ection D. All Type III Supporting Organizations		l	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
S	Section E. Type III Functionally-Integrated Supporting Organizations		l	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions)		
	a The organization satisfied the Activities Test Complete line 2 below			
	b			
	c The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	ınstru	ctions)	
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	20		
	 a Did the organizations answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. 	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard	36		

Schedule A (Form 990 or 990-EZ) 2018 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional) 1 1 Net short-term capital gain Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 4 4 Add lines 1 through 3 Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 Section R - Minimum Asset Amount (A) Prior Year (B) Current Year

Section B - Minimum Asset Amount	(A) Prior Year	(B) Current (optional)	
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
Average monthly value of securities	1a		
Average monthly cash balances	1 b		
Fair market value of other non-exempt-use assets	1c		
Total (add lines 1a, 1b, and 1c)	1d		
Discount claimed for blockage or other factors (explain in detail in Part VI)			
Acquisition indebtedness applicable to non-exempt use assets	2		
Subtract line 2 from line 1d	3		
Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by 035	6		
Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		
Enter 85% of line 1	2		
Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) Average monthly value of securities Average monthly cash balances Fair market value of other non-exempt-use assets Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors (explain in detail in Part VI) Acquisition indebtedness applicable to non-exempt use assets Subtract line 2 from line 1d Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 035 Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) Average monthly value of securities 1a Average monthly cash balances 1b Fair market value of other non-exempt-use assets 1c Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors (explain in detail in Part VI) Acquisition indebtedness applicable to non-exempt use assets 2 Subtract line 2 from line 1d 3 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by 035 6 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) Average monthly value of securities 1a Average monthly cash balances 1b Fair market value of other non-exempt-use assets 1c Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors (explain in detail in Part VI) Acquisition indebtedness applicable to non-exempt use assets 2 Subtract line 2 from line 1d 3 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by 035 6 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1

Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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Schedule A (Form 990 or 990-F7) 2018

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Enter greater of line 2 or line 3

Additional Data

Software ID: 18007482

Software Version: **EIN:** 34-2007696

Name: IMPACT TELEVISION NETWORK

Page 8

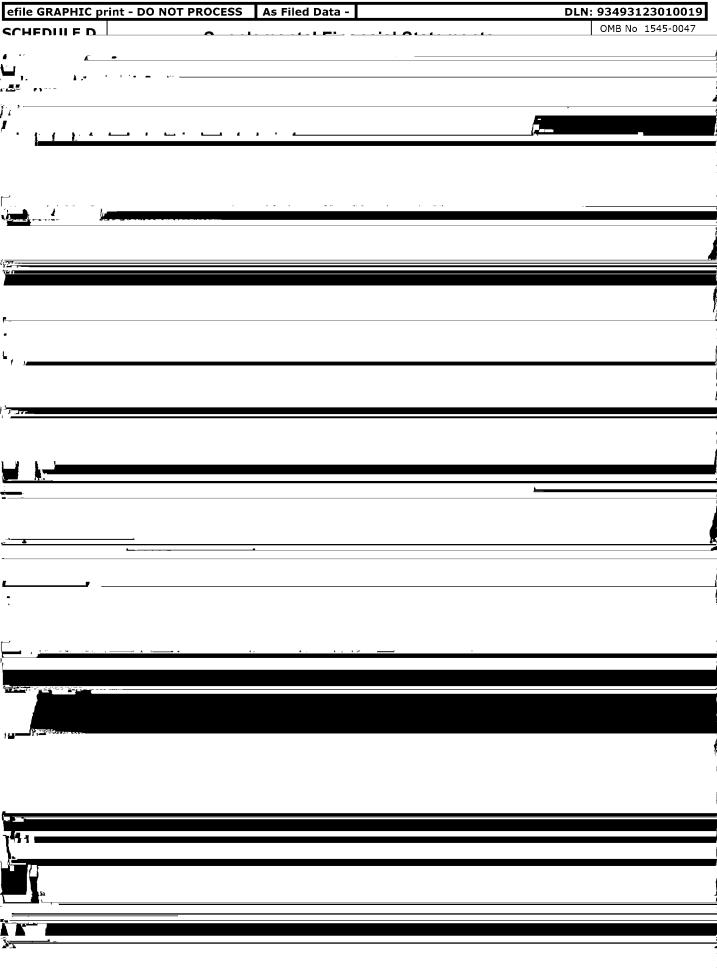
Schedule A (Form 990 or 990-EZ) 2018 Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV,

Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V

Section D. lines 5, 6, and 8, and Part V. Section E. lines 2, 5, and 6. Also complete this part for any additional information. (See instructions)

Facts And Circumstances Test

Return Reference Explanation



Schedule D (Form 990) 2018 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)	Page 2
3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection	
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Schedule D (Form 990) 2018 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return					
	ive.				
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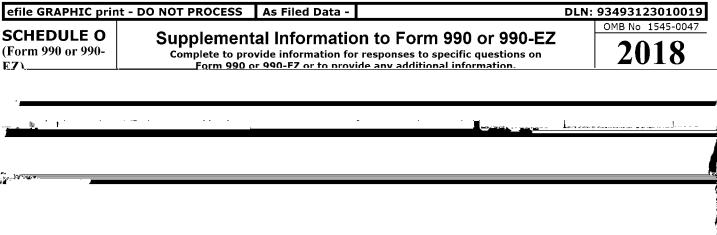
Schedule D (Fo	orm 990) 2018	Page 5	
Part XIII	Supplemental Info	rmation (continued)	
Ret	urn Reference	Explanation	
			Schedule D (Form 990) 2018

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -					DLN: 93493123	010019	
Note: To capture the	ne full cor	ntent of this d	ocument, please s	elect landscape mod	ie (11" x 8.5") who	en printing.			
Schedule I (Form 990)	Grants and Other Assistance to Organizations, Governments and Individuals in the United States				OMB No 1545-0047 2018				
Department of the Treasury Internal Revenue Service		Co		ation answered "Yes," ► Attach to For ww.irs.gov/Form990 fo	m 990.			Open to Public Inspection	
Name of the organization IMPACT TELEVISION NE	TWORK						Employer	identification number	
IMPACT TELEVISION NE	IWORK						34-20076	96	
Part I General	Informat	ion on Grants	and Assistance				·		
the selection crite	rıa used to	award the grants	or assistance?	the grants or assistance se of grant funds in the l		for the grants or assistan	nce, and	☑ Yes	□ No
				and Domestic Governm ditional space is needed	ents. Complete if the o	rganization answered "Yes	s" on Form 990, Part	IV, line 21, for any recip	pient
(a) Name and addr	ess of	(b) FIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	(n)_Descriptio	n of(.b.). Purnose o	of_arant
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Schedule I (Form 990) 2018

Explanation

Return Reference



Return Explanation

990 Schedule O, Supplemental Information

Reference	
Pt VI, Line 8a	BOARD AND COMMITTEE MEETINGS MINUTES ARE MAINTAINED AND DOCUMENTED IN THE NON-PROFIT RECORDS

Return Explanation

990 Schedule O, Supplemental Information

ALLOWING FOR FILING

Reference	
Pt VI. Line	TAX RETURN IS PREPARED BY INDEPENDENT CPA THEN REVIEWED BY BOARD MEMBERS AND APPROVED PRIOR TO

990 Schedule O, Supplemental Information Return Explanation Reference Repairs 5190 5190 0 0

Form 990, Part IX, Line

990 Schedule O, Supplemental Information Return Explanation Reference

PRINTING AND PRODUCTION COSTS 760 0 760 0

Form 990, Part IX, Line

990 Schedule O, Supplemental Information Return Explanation Reference

Form 990, PROGRAM EXPENSES 39010 39010 0 0 Part IX, Line

990 Schedule O, Supplemental Information Return Explanation Reference Licenses 25 0 25 0

Form 990, Part IX, Line



990 Schedule O, Supplemental Information Return Explanation Reference Staging 408 408 0 0 Part IX, Line

Form 990,

990 Schedule O, Supplemental Information Return Explanation Reference

Form 990, Part IX, Line Studio Supplies 117 117 0 0