efile	e GRA	APHIC print - DO NOT PROCESS As Filed Data -										
	99	Return of Organization Exempt From II	ncome T	ax	c	DMBNo 1545-0047						
orm 🕻	53		Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung									
	ent of the ⁻ Revenue S	Im The eventuation was the test of a court of the metric at the second secon	te reporting	requiremei	nts	Open to Public Inspection						
For	the 2	010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010										
_		plicable C Name of organization TRINITY CHRISTIAN CENTER OF SANTA ANA INC		D Employ	yer ide	entification number						
Addr	ress cha	Doing Business As		95-28	4406	52						
Nam	ne chan	ge		E Telepho	one n	umber						
_	al returr	Number and steet (of F O box in mains not derivered to steet address)	Room/suite	(714)	832-	2950						
	nınated			G Gross re	eceints	\$ \$ 350,601,881						
	ended re lication	cturn City or town, state or country, and ZIP + 4 TUSTIN, CA 92780 pending		C 01035 10		, , , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
			H(a) Is this a	aroup return fo	r affiliat	es ⁷ Yes V No						
		PAUL F CROUCH 2442 MICHELLE DRIVE	• • • • • • •	5F.								
		TUSTIN, CA 92780	H(b) Are all a			. ,						
			If "No H(c) Group			(see instructions)						
Тах	-exemp	ot status 🔽 501(c)(3) 🔽 501(c) () ◀ (Insert no) 🔽 4947(a)(1) or 🔽 527	H(c) Group	exemptio	in nui							
We	ebsite:	► WWW TBN ORG										
Form	of ora	anization 🔽 Corporation 🗍 Trust 🗍 Association 🗍 Other 🕨	L Year of for	mation 1973	3 M	State of legal domicile C						
Par	-	Summary										
	_											
	2 C	heck this box 崎 if the organization discontinued its operations or disposed of i	more than 25	5% of its n	et as	sets						
		heck this box 崎 if the organization discontinued its operations or disposed of i umber of voting members of the governing body (Part VI, line 1a)	more than 25	5% of its n	et as	sets						
	3 N 4 N	umber of voting members of the governing body (Part VI, line 1a) umber of independent voting members of the governing body (Part VI, line 1b)		5% of its n	3 4							
	3 N 4 N 5 T	umber of voting members of the governing body (Part VI, line 1a) umber of independent voting members of the governing body (Part VI, line 1b) otal number of individuals employed in calendar year 2010 (Part V, line 2a) .		5% of its n	3 4 5	1,62						
	3 N 4 N 5 T 6 T	umber of voting members of the governing body (Part VI, line 1a) umber of independent voting members of the governing body (Part VI, line 1b) otal number of individuals employed in calendar year 2010 (Part V, line 2a) . otal number of volunteers (estimate if necessary)			3 4 5 6	1,62						
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	3 N 4 N 5 T 6 T 7aT	umber of voting members of the governing body (Part VI, line 1a) umber of independent voting members of the governing body (Part VI, line 1b) otal number of individuals employed in calendar year 2010 (Part V, line 2a) . otal number of volunteers (estimate if necessary)			3 4 5 6	1,62 -513,81 -531,37						
	3 N 4 N 5 T 6 T 7aT	umber of voting members of the governing body (Part VI, line 1a) umber of independent voting members of the governing body (Part VI, line 1b) otal number of individuals employed in calendar year 2010 (Part V, line 2a) . otal number of volunteers (estimate if necessary) otal unrelated business revenue from Part VIII, column (C), line 12 et unrelated business taxable income from Form 990-T, line 34	 Prior	Year	3 4 5 6 7a 7b	1,62 -513,81 -531,37 Current Year						
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allia	3 N 4 N 5 T 6 T 7aT b N 8 9	umber of voting members of the governing body (Part VI, line 1a) . umber of independent voting members of the governing body (Part VI, line 1b) otal number of individuals employed in calendar year 2010 (Part V, line 2a) otal number of volunteers (estimate if necessary) otal unrelated business revenue from Part VIII, column (C), line 12 et unrelated business taxable income from Form 990-T, line 34 Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	 Prior	Year 89,341,90 58,424,97	3 4 5 6 7a 0 7b 0 05 0 79 0	1,62 -513,81 -531,37 Current Year 92,509,010 64,404,222						
aniatau	 3 N 4 N 5 T 6 T 7a T b N 8 9 10 	umber of voting members of the governing body (Part VI, line 1a) umber of independent voting members of the governing body (Part VI, line 1b) otal number of individuals employed in calendar year 2010 (Part V, line 2a) . otal number of volunteers (estimate if necessary) otal unrelated business revenue from Part VIII, column (C), line 12 et unrelated business taxable income from Form 990-T, line 34	 Prior	Year 89,341,90 58,424,97 13,716,49	3 4 5 6 7a 7 7b 7 05 7 79 7 90 7 419 7	1,62 -513,81 -531,37 Current Year 92,509,010 64,404,222 17,349,198						
aniatau	3 N 4 N 5 T 6 T 7a T b N 8 9 10 11	umber of voting members of the governing body (Part VI, line 1a) umber of independent voting members of the governing body (Part VI, line 1b) otal number of individuals employed in calendar year 2010 (Part V, line 2a) . otal number of volunteers (estimate if necessary) otal unrelated business revenue from Part VIII, column (C), line 12 et unrelated business taxable income from Form 990-T, line 34	Prior	Year 89,341,90 58,424,97 13,716,49 2,599,44 64,082,82	3 4 5 6 7a 7b 75 79 205 20 49 23	1,62 -513,81 -531,37 Current Year 92,509,010 64,404,222 17,349,198 1,300,90						
anuatu	3 N 4 N 5 T 6 T 7aT b N 8 9 10 11 12	umber of voting members of the governing body (Part VI, line 1a) umber of independent voting members of the governing body (Part VI, line 1b) otal number of individuals employed in calendar year 2010 (Part V, line 2a) . otal number of volunteers (estimate if necessary) otal unrelated business revenue from Part VIII, column (C), line 12 et unrelated business taxable income from Form 990-T, line 34	Prior	Year 89,341,90 58,424,97 13,716,49 2,599,44	3 4 5 6 7a 7b 75 79 205 20 49 23	1,62 -513,81 -531,37 Current Year 92,509,010 64,404,222 17,349,198 1,300,90 175,563,33						
	3 N 4 N 5 T 6 T 7a T b N 8 9 10 11 12 13	umber of voting members of the governing body (Part VI, line 1a).umber of independent voting members of the governing body (Part VI, line 1b)otal number of individuals employed in calendar year 2010 (Part V, line 2a)otal number of volunteers (estimate if necessary).otal unrelated business revenue from Part VIII, column (C), line 12et unrelated business taxable income from Form 990-T, line 34Contributions and grants (Part VIII, line 1h).Program service revenue (Part VIII, line 2g).Investment income (Part VIII, column (A), lines 3, 4, and 7d).Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line12).Grants and similar amounts paid (Part IX, column (A), lines 1-3).Benefits paid to or for members (Part IX, column (A), line 4).Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-		Year 89,341,90 58,424,97 13,716,49 2,599,44 64,082,82 15,878,55	3 4 5 6 7a 7b 7b 05 79 20 49 23 59 0	1,62 -513,81 -531,37 Current Year 92,509,010 64,404,222 17,349,198 1,300,90 175,563,33 47,290,858						
	3 N 4 N 5 T 6 T 7a T b N 8 9 10 11 12 13 14 15	umber of voting members of the governing body (Part VI, line 1a) . umber of independent voting members of the governing body (Part VI, line 1b) otal number of individuals employed in calendar year 2010 (Part V, line 2a) otal number of volunteers (estimate if necessary) . otal number of volunteers (estimate if necessary) . otal number of volunteers (estimate if necessary) . otal unrelated business revenue from Part VIII, column (C), line 12 . et unrelated business taxable income from Form 990-T, line 34 . Contributions and grants (Part VIII, line 1h) . . Program service revenue (Part VIII, line 2g) . . Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . Benefits paid to or for members (Part IX, column (A), line 4) . . Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) .		Year 89,341,90 58,424,97 13,716,49 2,599,44 64,082,82	3 4 5 6 7a 7b 7b 75 79 23 59 0 52	1,62 -513,81 -531,37 Current Year 92,509,010 64,404,222 17,349,198 1,300,90 175,563,33 47,290,858 0 24,758,809						
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EXD GIVES Hevenue	3 N 4 N 5 T 6 T 7a T b N 8 9 10 11 12 13 14 15 16a b 17 18	umber of voting members of the governing body (Part VI, line 1a) umber of independent voting members of the governing body (Part VI, line 1b) otal number of individuals employed in calendar year 2010 (Part V, line 2a) . otal number of volunteers (estimate if necessary) otal unrelated business revenue from Part VIII, column (C), line 12 et unrelated business taxable income from Form 990-T, line 34		Year 89,341,90 58,424,97 13,716,49 2,599,44 64,082,82 15,878,55 22,800,85 22,800,85 227,336,30 66,015,71 -1,932,85 of Current	3 4 5 6 7a 7b 7b 75 79 23 59 0 52 0 52 0 52 0 52 0 52 0 53	1,62 -513,81 -531,37 Current Year 92,509,010 64,404,222 17,349,198 1,300,907 175,563,33 47,290,858 24,758,809 121,684,660 193,734,32						
	3 N 4 N 5 T 6 T 7a T b N 8 9 10 11 12 13 14 15 16a b 17 18 19	umber of voting members of the governing body (Part VI, line 1a) umber of independent voting members of the governing body (Part VI, line 1b) otal number of individuals employed in calendar year 2010 (Part V, line 2a) . otal number of volunteers (estimate if necessary) otal unrelated business revenue from Part VIII, column (C), line 12 et unrelated business taxable income from Form 990-T, line 34 . Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 1h) Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue —add lines 8 through 11 (must equal Part VIII, column (A), line 12)	Prior	Year 89,341,90 58,424,97 13,716,49 2,599,44 64,082,82 15,878,55 22,800,85 22,800,85 227,336,30 66,015,71 -1,932,89	3 4 5 6 7a 7 7b 7 7b	1,62 -513,81 -531,37 Current Year 92,509,010 64,404,222 17,349,198 1,300,907 175,563,33 47,290,858 24,758,809 121,684,660 193,734,327 -18,170,990						
EXI) enses Ha	3 N 4 N 5 T 6 T 7a T b N 8 9 10 11 12 13 14 15 16a b 17 18	umber of voting members of the governing body (Part VI, line 1a) umber of independent voting members of the governing body (Part VI, line 1b) otal number of individuals employed in calendar year 2010 (Part V, line 2a) . otal number of volunteers (estimate if necessary) otal unrelated business revenue from Part VIII, column (C), line 12 et unrelated business taxable income from Form 990-T, line 34 . Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) Other revenue (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue —add lines 8 through 11 (must equal Part VIII, column (A), line 12)	Prior	Year 89,341,90 58,424,97 13,716,49 2,599,44 64,082,82 15,878,55 22,800,85 22,800,85 227,336,30 66,015,71 -1,932,89 of Current sar 76,831,60	3 4 5 6 7a 7 7b 7 70	1,62 -513,81 -531,37 Current Year 92,509,010 64,404,222 17,349,198 1,300,90 175,563,33 47,290,858 24,758,809 121,684,669 193,734,32 -18,170,990 End of Year 852,325,565						
and Balances EXD enses Hevenue	3 N 4 N 5 T 6 T 7a T b N 8 9 10 11 12 13 14 15 16a b 17 18 19	umber of voting members of the governing body (Part VI, line 1a) umber of independent voting members of the governing body (Part VI, line 1b) otal number of individuals employed in calendar year 2010 (Part V, line 2a) . otal number of volunteers (estimate if necessary) otal unrelated business revenue from Part VIII, column (C), line 12 et unrelated business taxable income from Form 990-T, line 34 . Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 1h) Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue —add lines 8 through 11 (must equal Part VIII, column (A), line 12)	Prior	Year 89,341,90 58,424,97 13,716,49 2,599,44 64,082,82 15,878,55 22,800,85 22,800,85 227,336,30 66,015,71 -1,932,89 of Current ear	3 4 5 6 7a 7b 75 79 23 59 0 59 0 52 0 52 0 52 0 53 0 53 0 53 0 53 0 53	1,62 -513,81 -531,37 Current Year 92,509,010 64,404,223 17,349,198 1,300,907 175,563,33 47,290,858 24,758,809 121,684,660 193,734,32 -18,170,990 End of Year						

Sign Here	****** Signature of officer PAUL F CROUCH PRESIDENT/DIRECTOR Type or print name and title			2011-11-11 Date	
	Print/Type preparer's name ROY L GOODRICH	PTIN			
Paid Preparer	Firm's name 🖡 GOODRICH BARON GOODYEAR		Fırm's EIN 🕨		
Use Only	Firm's address • 6700 E PAC COAST HWY 255 LONG BEACH, CA 90803	Phone no 🕨 (562) 594- 8791			
May the If	RS discuss this return with the prepare	shown above? (see instructions)			Yes No

Form	1990 (2	2010)						I	Page 2
Par	t III		Program Serv e O contains a res			art III		ম	
1	Briefl	y describe the org	anızatıon's missior	ı					
<u>TO 9</u>	PREAD	THE GOSPEL TO	D THE WORLD						
2		-	dertake any signific 90-EZ?		-			∏Yes I No	
	If "Ye	s," describe these	new services on S	chedule O					
3		-	ase conducting, or	-	-	wit conducts, an	y program	└ Yes └ No	
	If "Ye	s," describe these	changes on Sched	ule O					
4	Sectio	on 501(c)(3) and 5	rpose achievemen 501(c)(4) organiza e total expenses, a	tions and section	on 4947(a)(1) tr	usts are require	d to report the am		
4a	(Code	:) (Expenses \$	93,248,387	including grants o	f \$) (Revenue \$	63,970,076)	
		ODUCE AND BROADCA		SION PROGRAMS A	ND TO PROVIDE LO	N COST BROADCAST	TING TO OTHER NON-	AFFILIATED ORGANIZATION	IS THAT
4b	(Code) (Expenses \$	42,889,079	including grants o	f \$ 42,88	9,079) (Revenue \$)	
		OVIDE SUPPORT TO 5	01(C)3 AFFILIATES TO	SPREAD THE GOS	PEL TO THE WORLD				
4c	(Code) (Expenses \$ LMS, VIDEOS, BOOKS, 1	5,819,476	Including grants o	•) (Revenue \$	455,557)	
				AND RECORDS TO	SFREAD THE GOSFI				
4d	Othe	r program service	s (Describe in Sch	nedule O) See :	also Additional I)ata for Descript	ion		
	(Exp	enses \$	4,401,779 ind	luding grants o	of\$ 4	,401,779)(Rev	/enue \$)	
4e	Tota	l program service	expenses +\$	146,358,72	1				
								Form 990 ((2010)

Part	IV Checklist of Required Schedules			1
			Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 🔁	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 😨 🔒 🔒	2	Yes	
	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		No
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		No
	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? <i>If "Yes," complete Schedule C, Part III</i>	5		No
	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? <i>If</i> " <i>Yes," complete Schedule D, Part I</i>	6		No
	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		No
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 😼	8		No
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? <i>If "Yes," complete Schedule D, Part IV</i>	9		No
	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		No
	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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI. 🕏	11a	Yes	
Ь	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.	11b		No
с	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. 🕏	11c		No
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? <i>If "Yes," complete Schedule D, Part IX.</i> 🕏	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
	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)? <i>If "Yes," complete Schedule D, Part X</i> .	11f	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 🕏	12a	Yes	
Ь	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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
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		No
	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 US ? <i>If "Yes," complete Schedule F, Parts II and IV</i> 🔀	15	Yes	
	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 US ? <i>If "Yes," complete Schedule F, Parts III and IV</i> .	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>	17		No
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes <i>," complete Schedule G, Part III</i>	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form	20Ь		

If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> 😨	21	Yes	
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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a		No
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	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? \ldots .	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		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> " <i>Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
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? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If</i> " <i>Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🔂	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
а	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 🕲 🔽 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		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🔹	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Form **990** (2010)

Form	990 (2010)			Page 5
Ра	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V	•	.Г	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .			
	Enter the number of Ferme W 2C uncluded in line 1s. Enter C. if not englished in			
D	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
_	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return			
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
		2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
Ь			163	
2	If "Yes," enter the name of the foreign country > ST , IT , SP See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $$. $$.	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	_		
6-	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c 6a		Ne
6a	organization solicit any contributions that were not tax deductible?	oa		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
-		6b		
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		No
a	services provided to the payor?	74		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? \ldots . \ldots .	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			No
Ь	file Form 8282? .	7c		No
u				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	7-		Na
f	contract?	7e 7f		No No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
3	required?	7g		No
h	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 f unds 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.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club	4		
44	facilities			
11	Section 501(c)(12) organizations. Enter Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
-	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year 12b	4		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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		
	······································			
h	Enter the amount of reserves the organization is required to maintain by the states			
0	in which the organization is licensed to issue qualified health plans]		
с	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> .	14b		
		1		

Form	990 (2010)			Page 6
Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7 a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or cha O. See instructions.		n Sche	
	Check if Schedule O contains a response to any question in this Part VI	· ·	ম.	
Se	ection A. Governing Body and Management		Yes	Ne
			res	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
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	Yes	
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? $$.	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Dıd the organızatıon contemporaneously document the meetıngs held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	Yes	
	ection B. Policies (This Section B requests information about policies not required by the Internal			
ке	evenue Code.)		Yes	No
10-	Does the organization have local chapters, branches, or affiliates?	10a	Yes	
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	10a	Tes	
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	Yes	
114	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
с	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O $$ (See instructions)			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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?	16b		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed CA			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply			
19	☐ O wn website			
- 7	besting in Schedule of whether (and it so, now), the organization makes its governing documents, commet of			

interest policy	and financial	statements	available to the	public	See Additional Data Ta	hle
milerest poncy,	, anu mianciai	Statements	available to the	public	See Auultional Data Ta	Die

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization KIM SPURGIN 2442 MICHELLE DR

2442 MICHELLE DR
TUSTIN,CA 92780
(714)832-2950

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Part VIII 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, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

List all of the organization's current key employees, 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

(A) Name and Title								(D) Reportable compensation from the	(E) Reportable compensation	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Former Highest compensited employee Key employee Officer				organization (W- 2/1099-MISC)	from related organızatıons (W- 2/1099- MISC)	compensation from the organization and related organizations
(1) PAUL F CROUCH PRESIDENT/DIRECTOR	40 00	x		х				399,256	0	744
(2) JANICE W CROUCH 1ST VICE-PRES/DIRECTOR	40 00	х		х				364,256	0	744
(3) PAUL F CROUCH JR VICE-PRES/CHIEF OF STAFF/DIRECTOR	40 00	х		х				213,964	0	46,496
(4) MATTHEW W CROUCH ASST VICE PRES/DIRECTOR	40 00	х		х				199,124	0	0
(5) RUTH M BROWN ASST SECRETARY	32 00			х				64,452	0	744
(6) TERRENCE M HICKEY ASST SECRETARY	40 00			х				86,899	0	11,328
(7) WARREN B MILLER ASST SECRETARY	40 00			х				156,693	0	15,744
(8) MARGARET C TUCCILLO ASST SECRETARY	40 00			х				74,867	0	5,544
(9) BRITTANY KOPER ASST SECRETARY	40 00			х				81,974	0	1,488
(10) MICHAEL W KOPER ASST SECRETARY	40 00			х				127,000	0	0
(11) ROBERT L FOPMA HEAD OF PRODUCTION	40 00					х		165,148	0	17,952

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

Form 990 (2010)										Page
Part VII Section A. Officers, D	irectors, Trust	ees, Ke	ey Er	nplo	oyee	es, an	d Hi	ghest Compensa [.]	ted Employees (o	continued)
(A) Name and Title	(B) A verage hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organızatıons (W- 2/1099- MISC)	compensation from the organization and related organizations
				1						

ation from the organization 🕨11

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 -5

. .

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•

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
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? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes	
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		No

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1,933,633

0

100,784

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►

Section B. Independent Contractors

. . • • • . . .

Total (add lines 1b and 1c) . . .

Total from continuation sheets to Part VII, Section A .

1b

С

d

Sub-Total .

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
ALMENDAREZ TECHNICAL SERVICES 6869 GABELS CREST PLACE FONTANA, CA 92336	TECHNICAL	478,589
GOODRICH BARON GOODYEAR LLP 6700 E PACIFIC COAST HWY 255 LONG BEACH, CA 90803	ACCOUNTING	354,690
LAW OFFICES OF COLBY M MAY 205 THIRD STREET SE WASHINGTON, DC 20003	LEGAL	323,707
DAVERT & LOE 110 PINE AVENUE 600 LONG BEACH, CA 90802	LEGAL	296,678
JOHN CASORIA 23741 VIA ROBLE COTO DE CAZA, CA 92679	LEGAL	248,570
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►11	who received more than	

art	AFT -	(2010)					Pa	ge s
<i>p</i> . <i>p</i>	1	I Statement of Reven Federated campaigns .			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	
ĺ₽		. 2						
Contributions, gifts, grants and other similar amounts		Membership dues	. 1b					
å Her	с	Fundraising events	1c					
<u>.</u>	d	Related organizations	. 1d	13,956,789				
≦Ē.	e	Government grants (contributions)	1e					
5.	f	All other contributions, gifts, grants	s, and 1f	78,552,221				
₹Ę.		sımılar amounts not ıncluded abov	/e					
Ţ,	g	Noncash contributions included in l	lines 1a-1f \$	204,228				
5 7	h	Total. Add lines 1a-1f .	🕨		92,509,010			
e Le				Business Code				
Program Service Revenue	2a	NETWORK AIRTIME		900099	60 430 522	60,430,522		
ě.	Ь			900099		3,040,331		
10.0	с	COST SHARE PRODUCTION		900099	477,812			
лаў.	d	FILM REVENUE	900099	428,978	428,978			
Ξ	e	VIDEO REVENUE		900099	26,579	26,579		
žD×	f	All other program service re	evenue					
ř	g	Total. Add lines 2a-2f .			64,404,222			
	3	Investment income (includii	ng dıvıdends, ınterest					
		and other similar amounts)	🔸	ſ	13,383,869		5	13,383,8
	4	Income from investment of tax-ex	xempt bond proceeds					15,505,0
	5	Royalties		ľ				
			(I) Real	(11) Personal				
	6a	Gross Rents	1,161,787					
	Ь	Less rental expenses						
	c	Rental income	1,161,787					
	А	or (loss) Net rental income or (loss)	▶		1,161,787			1,161,7
	-		(1) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	175,481,988	2,715,811				
	Ь	Less cost or	168,700,764	5,531,706				
		other basis and sales expenses						
	с	Gain or (loss)	6,781,224	-2,815,895				
	-	Net gain or (loss) Gross income from fundraisi (not including \$	ing events line 1c)		3,965,329			3,965,3
,			а					
•		Less direct expenses	_					
	-	Net income or (loss) from fu						
0	7 a		activities See Part IV, line 19 . a					
	b	Tees augerevhenses .		L				
		Net income or (loss) from ga	amıng actıvıtıes 🔒 🔒 🕨					
	c	Net income or (loss) from ga Gross sales of inventory, les returns and allowances		202.257				
	с 10	a Gross sales of inventory, les returns and allowances .	ss a	292,257				
	с 10; b	a Gross sales of inventory, les	a . b	292,257 806,074	-513,817		-513,817	
	с 10; b	 Gross sales of inventory, les returns and allowances Less cost of goods sold 	a . b	· · · · · · · · · · · · · · · · · · ·	-513,817		-513,817	
	с 10; b с	 Gross sales of inventory, lest returns and allowances Less cost of goods sold Net income or (loss) from same 	a . b	806,074	-513,817 435,085		-513,817	
	с 10; b с 11;	 Gross sales of inventory, lest returns and allowances Less cost of goods sold Net income or (loss) from sa Miscellaneous Revenue 	a . b	806,074 Business Code	· · · ·		-513,817	435,0
	с 10; с 11;	 a Gross sales of inventory, lest returns and allowances Less cost of goods sold Net income or (loss) from satisfies Miscellaneous Revenue a MINERAL RIGHTS b OTHER 	a . b	806,074 Business Code 900099	435,085		-513,817	435,0
	с 10; с 11; (Gross sales of inventory, lest returns and allowances Less cost of goods sold Net income or (loss) from satisfies Miscellaneous Revenue MINERAL RIGHTS 	a . b ales of inventory ►	806,074 Business Code 900099 900099	435,085			435,0
	с 103 с 1113 1 1	 a Gross sales of inventory, lest returns and allowances b Less cost of goods sold b Net income or (loss) from satisfies c MINERAL RIGHTS b OTHER c MANAGEMENT FEES 	a . b ales of inventory ►	806,074 Business Code 900099 900099	435,085 131,030 65,411 21,411	21,411		435,0
	с 103 b с 111 (, , , , , , , , , , , , , , , , ,	 a Gross sales of inventory, less returns and allowances . b Less cost of goods sold . Net income or (loss) from sa Miscellaneous Revenue a MINERAL RIGHTS b OTHER c MANAGEMENT FEES d All other revenue 	a . b ales of inventory ► 	806,074 Business Code 900099 900099	435,085 131,030 65,411	21,411		435,0 131,0 65,4

	(D) Fundraising expenses
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).Do not include amount reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.Total expenses(B) regamme are regeneral organizations in the U S see Part IV, Ine 21(C) regamme are regeneral organizations and other assistance to governments.(C) regamme are regeneral organizations and other assistance to governments.(C) regamme are regeneral organizations and other assistance to governments.(C) regeneral organizations and individuals outside the U S See Part IV, lines 21(C) regeneral organizations, and individuals outside the U S See Part IV, lines 15 and 16(C) regeneral organizations, and individuals outside the U S See Part IV, lines 15 and 16(C) regeneral organizations, and individuals outside the U S See Part IV, lines 15 and 16(C) regeneral organizations, and individuals outside the U S See Part IV, lines 15 and 16(C) regeneral organizations, and individuals outside the U S See Part IV, lines 15 and 16(C) regeneral organizations, and individuals outside the U S See Part IV, lines 15 and 16(C) regeneral organizations, and individuals outside differe persons (a section 4958 (C)3(8)	Fundraising expenses
Does include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. (b) (c) Total expenses (c) Total expenses (c) Program servic expenses (c) Prog	Fundraising expenses
Total expensesProgram sarkes expensesProvide services expensesProvide services expenses <th>expenses</th>	expenses
In the U S See Part IV, line 21 45,190,419 45,190,419 45,190,419 2 Grants and other assistance to individuals in the U S See Part IV, line 22 36,752 36,752 36,752 3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, line 15 and 16 2,063,667 2,063,667 2,063,667 4 Benefits paid to or for members	102,980
US See Part IV, line 22 36,752 36,752 3 Grants and other assistance to governments, organizations, and inviduals outside the US See Part IV, lines 15 and 16 2,063,667 2,063,667 4 Benefits paid to or for members 2,063,667 2,063,667 2,063,667 5 Compensation of current officers, directors, trustees, and key employees	102,980
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 2,063,687 2,063,687 2,063,687 4 Benefits paid to or for members 2 <th>102,980</th>	102,980
S Compensation of current officers, directors, trustees, and key employees 1,851,317 873,728 874,609 G Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1 1,851,317 873,728 874,609 G Compensation not included above, to disqualified persons (as defined under section 4958(c)(3)(B) 1 <td< th=""><td>102,980</td></td<>	102,980
key employees 1,851,317 873,728 874,609 6 Compensation not included above, to disqualified persons (as defined under section 958(f)(1)) and persons described in section 958(c)(3)(8) .	102,980
(as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 17,788,558 8,550,275 6,037,031 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 9 1,7788,558 8,550,275 6,037,031 9 Other salaries and wages 1,7788,558 8,550,275 6,037,031 9 Other selicities	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 1<	
403(b) employer contributions) 1 <	3,201,252
10 Payroll taxes 1,239,890 531,604 467,597 a Fees for services (non-employees) Management 1 <td< th=""><td></td></td<>	
a Fees for services (non-employees) Management iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	
Management 1,646,612 9,478 1,637,134 c Accounting 381,280 381,280 1 d Lobbying 1,646,612 9,478 1,637,134 1 e Accounting 381,280 381,280 1 1 d Lobbying 1 <t< th=""><td>240,689</td></t<>	240,689
c Accounting 381,280 381,280 d Lobbying . . . e Professional fundraising services See Part IV, line 17 f Investment management fees g Other .	
dLobbyingeProfessional fundraising servicesSee Part IV, line 17fInvestment management fees <td< th=""><td></td></td<>	
e Professional fundraising services See Part IV, line 17	
f Investment management fees Image: Constraint of the second s	
g Other 6,889,110 4,410,697 1,982,637 12 Advertising and promotion 445,192 374,776 68,018 13 Office expenses 11,740,620 3,532,960 3,104,313 14 Information technology 11,740,620 3,532,960 3,104,313 15 Royalties 1	
12 A dvertising and promotion . 445,192 374,776 68,018 13 Office expenses . . 11,740,620 3,532,960 3,104,313 14 Information technology 15 Royalties 16 Occupancy 17 Travel .	
13 Office expenses 11,740,620 3,532,960 3,104,313 14 Information technology 15 Royalties 16 Occupancy .	495,776
14Information technologyImage: Constraint of technologyImage: Constraint of technology15RoyaltiesImage: Constraint of technologyImage:	2,398
15 Royalties .	5,103,347
16 Occupancy 15,269,851 10,265,808 4,993,539 17 Travel 7,031,812 1,090,076 5,851,130 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 7,031,812 1,090,076 5,851,130 19 Conferences, conventions, and meetings . 333,083 8,952 324,131 20 Interest . 333,083 8,952 324,131 21 Payments to affiliates . 18,164,091 12,734,671 5,401,524	
17Travel7,031,8121,090,0765,851,13018Payments of travel or entertainment expenses for any federal, state, or local public officials11119Conferences, conventions, and meetings20Interest21Payments to affiliates22Depreciation, depletion, and amortization	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials Image: Conferences, conventions, and meetings	10,504
state, or local public officialsImage: Conferences and meetingsImage: Conference	90,606
20 Interest 333,083 8,952 324,131 21 Payments to affiliates 22 Depreciation, depletion, and amortization 18,164,091 12,734,671 5,401,524	
21 Payments to affiliates	
22 Depreciation, depletion, and amortization 18,164,091 12,734,671 5,401,524	
23 Insurance	27,896
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 SATELLITE EXPENSES 16,654,624 16,255,076	399,548
b AMORTIZATION 11,769,519 11,769,519	
c PROGRAM FEES/LIC/RENTAL 9,367,228 9,367,228	
d AIRTIME EXPENSES 6,963,963 6,711,597	252,366
e CABLE INCENTIVES 6,042,338 5,862,557	179,781
f All other expenses 8,289,668 5,016,913 1,272,742	2,000,013
25 Total functional expenses. A dd lines 1 through 24f 193,734,327 146,358,721 35,268,450	12,107,156
26 Joint costs. Check here ▶ ▼ 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	

Part X Balance Sheet

			(A)		(B)
			Beginning of year		End of year
	1	Cash—non-interest-bearing	3,478,636	1	3,849,398
	2	Savings and temporary cash investments	14,288,926	2	9,613,166
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	12,703,705	4	8,408,839
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of	1		
		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)			
șts		Schedule L		6	
Assets	7	Notes and loans receivable, net	27,497,510	7	4,755,549
×.	8	Inventories for sale or use	439,256	8	445,808
	9	Prepaid expenses and deferred charges	22,395,912	9	26,301,896
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> 464,112,6 Part VI of Schedule D 10a	651		
	Ь	Less accumulated depreciation 10b 207,457,6	97 261,432,057	10c	256,654,954
	11	Investments—publicly traded securities	306,875,008	11	315,062,589
	12	Investments—other securities See Part IV, line 11	1,608,423	12	566,081
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	226,112,169	15	226,667,282
	16	Total assets. Add lines 1 through 15 (must equal line 34)	876,831,602	16	852,325,562
	17	Accounts payable and accrued expenses .	7,754,200	17	10,842,847
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
je.	21	Escrow or custodial account liability $Complete \ Part \ IV \ of \ Schedule \ D$		21	
iabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
Ľ.		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties $\ .$.	35,806	23	7,413
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D	11,187,329	25	13,866,536
	26	Total liabilities. Add lines 17 through 25	18,977,335	26	24,716,796
ces		Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 through 29, and lines 33 and 34.			
an	27	Unrestricted net assets	857,689,702	27	827,444,504
Ba	28	Temporarily restricted net assets	164,565	28	164,262
P	29	Permanently restricted net assets		29	
or Fund Balance		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	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
ЧS	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	857,854,267	33	827,608,766
Z	34	Total liabilities and net assets/fund balances	876,831,602	34	852,325,562
	1		/		Form 990 (2010)

Pai	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI	•		<u>.</u> ۲	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		175,5	563,337
2	Total expenses (must equal Part IX, column (A), line 25)	2		193.7	734,327
3	Revenue less expenses Subtract line 2 from line 1	3			170,990
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		857,8	354,267
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-12,0	074,511
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		827,6	508,766
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII		•	ম	
				Yes	No
1	Accounting method used to prepare the Form 990 Cash 🔽 Accrual 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? \cdot .		2a		No
Ь	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
с	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of taudit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	ssued			
	🔽 Separate basis 👘 Consolidated basis 📝 Both consolidated and separated 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?	e	3a		No
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the r audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	Зb		

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SCI	HED	ULE A		Public C	barity S	tatue ar	ad Dubli		t	OME	3 No 1545-004
(Forr	n 990	or 990EZ)		Public C	ganization is	a section 50	01(c)(3) orga	anizat ion or			2010
		e Treasury e Service				-	haritable tru			0	pen to Public
			<u> </u>	🕨 Attach to F	orm 990 or F	orm 990-EZ.	See separ	ate instruct			
		e organizat ISTIAN CENTE		A ANA INC					Employer	ident if icat io	n number
									95-2844		
	rt I			blic Charity Stat						nstructions	
			•	e foundation becaus	-						
1	N			on of churches, or as				ection 170(E)(1)(A)(I).		
2	'			I in section 170(b)(1					(
3			spital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4	I		dıcal research organızatıon operated ın conjunction with a hospital described ın section 170(b)(1)(A)(iii). Enter the Ital's name, city, and state								
5	Γ			erated for the benefit		or universit	y owned or o	perated by a	governmen	ital unit desc	rıbed ın
~	_			A)(iv). (Complete Pa		ل الانسان الس			\/ A \/\		
6				local government or						6	
7	I	An organı described		at normally receives	a substantia	ii part of its s	support from	a governme	ntal unit or i	from the gen	erai pudiic
				A)(vi) (Complete Pa	art II)						
8	Γ	A commu	nıty trust	described in section	170(b)(1)(/	A)(vi) (Com	plete Part II)			
9	Γ	An organı	n organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross								
		receipts fi	ots from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of								
		its support from gross investment income and unrelated business taxable income (less section 511 tax) from acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)							tax) from bu	sinesses	
		acquired l	by the org	janızatıon after June	30,1975 S	ee section 5	09(a)(2). (C	omplete Par	tIII)		
10		An organı	zatıon org	ganized and operated	exclusively	to test for p	ublıc safety	See section	509(a)(4).		
11	Γ	one or mo the box th	re publicl	ganized and operated ly supported organiza bes the type of supp b	ations descri orting organi	ibed in section	on 509(a)(1)) or section s 11e throu	509(a)(2) S gh 11h	See section 5	
e	Г		n foundatı	ox, I certify that the on managers and oth							
f			anization	received a written de	termination	from the IRS	S that it is a [.]	Туре I, Туре	e II or Type	III supportu	ng organization,
g		Since Aug	just 17, 2	2006, has the organi	zation accep	ted any gift	or contributi	on from any	ofthe		,
		following p		rectly or indirectly co	ontrola outbr	ar alana arta	a a than with	naraana daa	ambad in (u)	N	
				governing body of the	-		-	persons des	cribed in (ii,	, 11g	Yes No
			,	er of a person describ		-	tion			119	
		• •	•	led entity of a persor			hove?			11g	
h				ng information about							
(i) Name suppor organiza		e of rted	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	(iv) Is the organizati col (1) list your gove docume	e Ion In ted In rnIng	(v) Did you not organizat col (i) of suppor	ion in your	(vi Is t organiza col (i) or in the l	he ation in ganized	(vii) A mount of support
				(see instructions))	Yes	No	Yes	No	Yes	No	1
								+	+	+	
								+		-	

Total

(A)(vi)

	(Complete only if yo under Part III. If the									
S	ection A. Public Support	e organization								
Cal	endar year (or fiscal year beginning	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total			
1	ın) ► Gıfts, grants, contributions, and									
-	membership fees received (Do not									
	Include any "unusual									
2	grants ") Tax revenues levied for the									
2	organization's benefit and either									
	paid to or expended on its									
2	behalf The value of services or facilities									
3	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3									
5	The portion of total contributions by	1								
	each person (other than a governmental unit or publicly									
	supported organization) included or	n								
	line 1 that exceeds 2% of the									
	amount shown on line 11, column (f)									
6	Public Support. Subtract line 5 from	1								
	line 4									
	ection B. Total Support endar year (or fiscal year beginning		(1)		()		(a) =			
	in) 🏲	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total			
7	A mounts from line 4									
8	Gross income from interest,									
	dividends, payments received on securities loans, rents, royalties									
	and income from similar									
	sources									
9	Net income from unrelated									
	business activities, whether or not the business is regularly									
	carried on									
10	Other income Do not include gain									
	or loss from the sale of capital assets (Explain in Part IV)									
11										
	through 10)									
12	Gross receipts from related activit	ies, etc (See inst	tructions)			12				
13	First Five Years If the Form 990 is	for the organizat	ion's first, second	l, thırd, fourth, or	fıfth tax year as a	501(c)(3) orga	- - '			
	check this box and stop here						►I			
S	ection C. Computation of Pul	blic Support F	Percentage							
14	Public Support Percentage for 201			11 column (f))		14				
15	Public Support Percentage for 200	9 Schedule A, Pa	irt II, line 14			15				
16a	33 1/3% support test—2010. If the				line 14 is 33 1/3%	% or more, chec	_			
L	and stop here. The organization qu	•			6 and line 1 F	22 1/20/				
D	33 1/3% support test-2009. If the box and stop here. The organizatio	-			oa, and fine 15 IS	or moi ۵۳۵/۱ دد	e, check this			
17a	10%-facts-and-circumstances test				ine 13, 16a, or 16	b and line 14	· •			
	is 10% or more, and if the organiza									
	in Part IV how the organization me organization	ets the "facts and	a circumstances"	test the organi	zation qualifies as	a publicly supp	orted			
b	10%-facts-and-circumstances test	— 2009. If the ora	anızatıon dıd not	check a box on li	ıne 13, 16a, 16b.	or 17a and line	- 1			
_	15 is 10% or more, and if the orga	nızatıon meets th	e "facts and circu	umstances" test,	check this box ar	nd stop here.				
	Explain in Part IV how the organiza	ition meets the "f	acts and circums	tances" test Th	e organızatıon qua	lifies as a publi	·			
18	supported organization Private Foundation If the organizat	ion did not check	a hox on line 13	16a 16h 17a (or 17h check this	hox and see	▶			
10	instructions			, 100, 100, 1780	or 17 b, check this		▶			
					Cal-		0 or 990-EZ) 2010			
					Sched	лие а сгогт 99	U UL 990-EZ) 2010			

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

Pa	art III Support Schedule						5
	(Complete only if ye						
	Part II. If the organ ection A. Public Support	ization fails to q	uality under the	e tests listed be	elow, please co	mplete Part II.)
	ndar year (or fiscal year beginning	4-12000	(1) 2007	(-) 2000	(1) 2000	(-) 2010	
	ın) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do no include any "unusual grants ")						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished i	n					
	any activity that is related to the organization's tax-exempt						
	purpose						
3		t					
	are not an unrelated trade or						
4	business under section 513 Tax revenues levied for the						
4	organization's benefit and either						
	paid to or expended on its						
	behalf						
5	The value of services or facilities						
	furnished by a governmental unit t the organization without charge	.0					
6	Total. Add lines 1 through 5						
7a	A mounts included on lines 1, 2,						
	and 3 received from disqualified						
	persons A mounts included on lines 2 and 3	3	+				
D	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of th	e					
_	amount on line 13 for the year						
с 8	Add lines 7a and 7b Public Support (Subtract line 7c						
0	from line 6)						
Se	ction B. Total Support			•			· · · · · · · · · · · · · · · · · · ·
Cale	ndar year (or fiscal year beginning	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
_	in)	(1) 2000	(2) 2007	(1) 2000	(4) 2005	(-) 2010	(1) + otai
9	A mounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	Unrelated business taxable income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
с	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						
	gaın or loss from the sale of capıtal assets (Explaın ın Part						
	IV)						
13	Total support (Add lines 9, 10c,						
1.4	11 and 12)	for the area	opla first '	+ h . r.d . f	fifth +		
14	First Five Years If the Form 990 is check this box and stop here	s ioi the organizati	on's first, second	, cinia, iourth, or	munuax yearasa	section5U1(C)(:	organization,
	encer and box and brop here						-,
Se	ction C. Computation of Pu						
15	Public Support Percentage for 20:	LO (line 8 column (f) divided by line	13 column (f))		15	
16	Public support percentage from 20)09 Schedule A, P	art III, lıne 15			16	
						L	
Se	ction D. Computation of In						
17	Investment income percentage fo	r 2010 (line 10c co	olumn (f) dıvıded l	oy line 13 columr	ו (f))	17	
18	Investment income percentage fro	om 2009 Schedule	A , Part III , line 1	.7		18	
19a	33 1/3% support tests-2010. If t	he organization did	I not check the bo	ox on line 14, and	l line 15 is more f	than 33 1/3% and	l line 17 is not
	more than 33 1/3%, check this bo	x and stop here. T	he organızatıon q	ualıfıes as a publı	cly supported		. –
L	organization	ha arganination de	l not check - L ···	on line 14 line	100 and here 40	10 more than 22	
b	33 1/3% support tests—2009. If t 18 is not more than 33 1/3%, chee						
20	Private Foundation If the organiza						▶

Schedule A (For	rm 990 or 990-EZ) 2010 Page	e 4
Part IV	Supplemental Information. Supplemental Information. Complete this part to provide the explanations	
	required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any	
	additional information. (See instructions).	

Facts And Circumstances Test

Schedule A (Form 990 or 990-EZ) 2010

efile GRAPHIC p	orint - DO NOT PROCESS	As Filed Data -			<u>DLN: 9</u>	<u>34933150</u>	<u>4125:</u>
CHEDULE D					C	MBNo 154	5-0047
orm 990)	Supple	mental Financi	al Statements			201	Λ
),			-
artment of the Treasury	Supplemental Financial Statements Complete if the organization answered "Yes," to form 990, Part TV, line 6, 76, 8, 10, 11, 0, 12. *Attach to Form 990. > See separate instructions. Conservation asswered "Yes" to Form 990. > See separate instructions (a) Donar dvised Funds or Other Similar Funds or Account organization answered "Yes" to Form 990. Part IV, line 6. (a) Donar dvised funds or Other Similar Funds or Account organization answered "Yes" to Form 990. Part IV, line 6. (a) Donar dvised funds (b) Funds ar (a) Donar dvised funds (b) Funds ar (a) Donar dvised funds (b) Funds ar (c) Donar dvised funds (c) Donar dvised (c) Donar dvised funds (c) Donar dvised (Open to P		
	•	to Form 990. 🖻 See se	parate instructions.	Emp	lover identifi	-	
					-		
art I Organi	EDULE D n 990) Supplemental Financial Statements ** of the insury ** of the insury ** of the organization ** of the organization ** of the organization organization answered 'Yes' to Form 990, Part IV, Inc 9, 6, 9, 10, 10, 10, 10 ** of the organization organization answered 'Yes' to Form 990, Part IV, Inc 6. ** of the organization organization answered 'Yes' to Form 990, Part IV, Inc 6. ** of the organization answered 'Yes' to Form 990, Part IV, Inc 6. ** of the organization inform all doors and door advised Funds or Other Similar Funds or Accounts. Com organization inform all grantes, doors, and door advisors in writing that the assets held in door advised funds ** of organization inform all grantes, doors, and door advisors in writing that the assets held in door advised funds ************************************			s Complet	e if th		
				unus	or Account	.s. complet	
		(a) Dono	r advised funds	((b) Funds and	other accour	nts
Total number at	t end of year						
Aggregate cont	rıbutıons to (durıng year)						
Aggregate gran	ts from (durıng year)						
Aggregate valu	e at end of year						
-		-		ıor advı	ısed	∏ Yes	∏ No
used only for cl	haritable purposes and not for th					∏ Yes	∏ No
	•	lete if the organizat	on answered "Yes" t	o Forn	n 990, Part	[V, line 7.	
Purpose(s) of c	onservation easements held by	the organization (check	all that apply)				
☐ Preservatı	on of land for public use (e g , red	creation or pleasure)		n histor	ically importa	ntly land area	a
Protection	of natural habitat		Preservation of a o	certifie	d historic stru	icture	
🔽 Preservatı	on of open space						
		qualified conservation	contribution in the form	ofaco	onservation		
					Held at th	e End of the	Year
-	·						
			()				
Number of cons	servation easements included in	(c) acquired after 8/17	/06	2d			
		ansferred, released, ex	tinguished, or terminate	ed by th	ne organizatio	n durıng	
the taxable yea	ar 🕨						
Number of stat	es where property subject to con	servation easement is	located 🕨				
			itoring, inspection, hand	dlıng of	f violations, ai	nd Ves	
	-		-				
A mount of expe	enses incurred in monitoring, ins	pecting, and enforcing	conservation easements	s during	g the year 🕨 🕯		
170(h)(4)(B)(ı)) and 170(h)(4)(B)(11)?	.,				∏ Yes	∏ No
balance sheet,	and include, if applicable, the tex	xt of the footnote to the					
				or Ot	her Simila	Assets.	
art, historical t	reasures, or other similar assets	held for public exhibiti	on, education or researd	ch in fu			·,
historical treas	ures, or other similar assets hel	d for public exhibition,					
(i) _{Revenues II}	ncluded in Form 990, Part VIII, I	ine 1			►\$		
	uded in Form 990, Part X						
If the organizat	non received or held works of art nts required to be reported under			or finan			
-	ided in Form 990, Part VIII, line	-			b c		
		-					
Assets include	d ın Form 990, Part X				►\$		

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990	Cat No 52283D	Schedule D (Form 990) 2010

Sche	dule D (Form 990) 2010						Pa	age 2
Part	Organizations Maintaining Co	llections of Art, His	toric	al Treas	ures, or Oth	ner Similar A	ssets (conti	nued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any of th	ne follo	wing that a	are a significant	t use of its colle	ction	
а	Public exhibition	d	Γ	Loan or ex	change prograr	ns		
b	🔽 Scholarly research	e	Г	Other				
с	Preservation for future generations							
4	Provide a description of the organization's co Part XIV	ollections and explain ho	w they	further the	organızatıon's	exempt purpose	: IN	
5	During the year, did the organization solicit assets to be sold to raise funds rather than					ımılar	∏Yes ∏	No
Par	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an ar				on answered	"Yes" to Form	990,	
1a	Is the organization an agent, trustee, custoc included on Form 990, Part X?	lian or other intermediary	for co	ntributions	or other asset	s not	∏Yes ∏	No
b	If "Yes," explain the arrangement in Part XI	/ and complete the follow	/ing tal	ble				
							mount	
с	Beginning balance				10			
d	Additions during the year				10			
e	Distributions during the year				16			
f	Ending balance				1f	F		
2a	Did the organization include an amount on Fe	orm 990, Part X, line 21?					∏Yes ∏	No
	If "Yes," explain the arrangement in Part XIV							
Ра	rt V Endowment Funds. Complete		Were			art IV, line 10 d)Three Years Back		Back
1a	Beginning of year balance	(a)current fear (D				a) mee rears back	(e)Four rears	
ь							+	
c	Investment earnings or losses							
d	Grants or scholarships							
e	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the yea	r end balance held as		•	L. L		-	
а	Board designated or quasi-endowment 🕨							
Ь	Permanent endowment 🕨							
с	Term endowment 🕨							
3a	Are there endowment funds not in the posse organization by	ssion of the organization	that ar	e held and	administered f	or the	Yes N	lo
	(i) unrelated organizations		•			3a	a(i)	
	(ii) related organizations					3a	a(ii)	
	If "Yes" to 3a(II), are the related organizatio					••••	3b	
4	Describe in Part XIV the intended uses of th					2		
Par	t VI Investments—Land, Buildings	s, and Equipment. S			•			
	Description of investment			ost or other investment)	(b) Cost or other basis (other)	depreciation	d (d) Book v	alue
1a	.and				29,592,00	6	29,59	92,006
b I	Buildings				168,076,34	5 36,719,5	85 131,35	56,760
cΙ	easehold improvements				4,932,40	4 1,598,5	00 3,33	33,904

e Other .

d Equipment

.

.

					_
Total. Add lines 1a-1e <i>(C</i>	Column (d) should equal Form 990, Part X, column (B),	line 10(c).) 🔒	 	. 🕨	

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32,179,055

60,193,229

256,654,954

111,099,371

58,040,241

143,278,426

118,233,470

c	~	ha	d.		~	n		~	m	0	0	n١	2	n	1	0
5	С	ne	a١	uı	e	υ	(or	m	9	91	U)	- Z	υ	т	υ

		Fage .
Part VII Investments-Other Securities. Se	e Form 990, Part X, line 12	
 (a) Description of security or category (including name of security) 	(b)Book value	d of valuation - year market value
(1)Financial derivatives		year market value
(2)Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	•	
Part VIII Investments—Program Related. S	ee Form 990, Part X, line 1	d of volvetion
(a) Description of investment type	(b) Book value	d of valuation - year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	•	
Part IX Other Assets. See Form 990, Part X,		
(a) Desc	ription	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line	e 15.)	 226,667,282
Part X Other Liabilities. See Form 990, Part		
1 (a) Description of Liability	(b) A mount	
Federal Income Taxes		
ANNNUITY OBLIGATIONS	3,408,905	
REVOCABLE TRUSTS	7,431,529	
AMERIPRISE CASH HELD FOR AN AFFIL	195,806	
INVESTMENT HELD FOR AN AFFILIATE	2,830,296	

Schedule D (Form 990) 2010 Page 4 Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements 175,563,337 1 Total revenue (Form 990, Part VIII, column (A), line 12) 1 2 Total expenses (Form 990, Part IX, column (A), line 25) 2 193,734,327 3 3 -18,170,990 Excess or (deficit) for the year Subtract line 2 from line 1 4 4 -11.975.874Net unrealized gains (losses) on investments 5 5 -98,637 Donated services and use of facilities 6 6 Investment expenses 7 7 Prior period adjustments 8 Other (Describe in Part XIV) 8 9 9 -12,074,511 Total adjustments (net) Add lines 4 - 8 10 -30,245,501 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 Part Reconciliation of Revenue per Audited Financial Statements With Revenue per Return XII Total revenue, gains, and other support per audited financial statements 1 1 175,541,926 2 A mounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains on investments 2a а b Donated services and use of facilities 2Ь с Recoveries of prior year grants . . . 2c Other (Describe in Part XIV) 2d d . Add lines **2a** through **2d** 2e 0 e . . 3 з 175,541,926 4 A mounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b . 4a а b Other (Describe in Part XIV) 4b 21.411 **4c** 21.411 с . Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12) . 5 175,563,337 5 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial 205,787,427 1 1 statements 2 A mounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities 98,637 2a Prior year adjustments 2b b . Other losses с 2c Other (Describe in Part XIV) 11,975,874 d . . . 2d Add lines 2a through 2d e 2e 12,074,511 . Subtract line **2e** from line **1** 3 3 193,712,916 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . 4a а b Other (Describe in Part XIV) 4ь 21,411 с 4c 21.411 Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18) . 5 5 193,734,327 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, 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

Ident if ier	Ret urn Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48		THE ORGANIZATION ADOPTED THE PROVISIONS OF FINANCIAL ACCOUNTING STANDARDS BOARD ACCOUNTING STANDARDS CODIFICATION (FASB ASC) INCOME TAXES-OVERALL-RECOGNITION WHICH REQUIRES THE ORGANIZATION TO DISCLOSE UNRECOGNIZED TAX BENEFITS AS A RESULT OF TAX POSITIONS TAKEN DURING A PRIOR PERIOD FASB ASC ALSO REQUIRES THE ORGANIZATION TO RECOGNIZE ANY INTEREST AND PENALTIES ASSOCIATED WITH ITS TAX POSITIONS MANAGEMENT HAS EVALUATED THE TAX POSITIONS THE ORGANIZATION HAS TAKEN IN THE PRIOR YEAR AND DETERMINED THAT THERE ARE NO UNRECOGNIZED TAX BENEFITS TO BE RECORDED IN 2010
PART XII, LINE 4B - OTHER ADJUSTMENTS		DEPRECIATION ADJUSTMENT
PART XIII, LINE 2D - OTHER ADJUSTMENTS		NET UNREALIZED LOSS ON INVESTMENTS
PART XIII, LINE 4B - OTHER ADJUSTMENTS		DEPRECIATION ADJUSTMENT

Additional Data

Software ID:

Software Version:

EIN: 95-2844062

Name: TRINITY CHRISTIAN CENTER OF SANTA ANA INC

Form 990, Schedule D, Part IX, - Other Assets

(a) Description	(b) Book value
INTEREST RECEIVABLE	1,096,111
BROADCASTING LICENSES	210,779,758
FREQUENCY RIGHTS-CH 34	135,491
SECURITY DEPOSIT-PANAMSAT	228,000
OTHER SECURITY DEPOSITS	1,759,932
DUE FROM FIDUCIARY	201,209
PREPAID FILM PROD-ONE NIGHT WITH THE KING	4,709,758
PREPAID FILM PROD-MEN OF STONE	11,438
PREPAID FILM PROD-MEGIDDO	5,615,485
PREPAID FILM PROD-THE CHAMPION	1,081,639
PREPAID FILM PROD-JONATHAN SPERRY	479,052
CONNECTION FEE	569,409

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	IEDULE F	Stat	ement of	Activities (Outside the Unit	ted States	OMBNo 1545-0047	
For	m 990)		► Complete	2010				
	nent of the Treasury Revenue Service		► Attac	h to Form 990. ►	See separate instructions		Open to Public Inspection	
	e of the organizatio ITY CHRISTIAN (ANTA ANA INC	2			ntification number	
Ра	rt I General	Informatio	n on Activiti	es Outside t	he United States.	95-2844062 Complete if the organi		
	"Yes" to F	orm 990, Pa	rt IV, line 14b).				
1	assistance, the	grantees' elig	gibility for the	grants or assis	stance, and the select	amount of the grants fron criteria used to av		
2	For grant makers. United States	Describe in Pa	rt V the organiz	ation's procedu	res for monitoring the us	e of grant funds outsıde	the	
3	Activites per Reg	ion (Use Part '	V if additional s	pace is needed		1		
	(a) Region		(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is program service, describe specific type of service(s) in region	expenditures for region/investments in region	
	NORTH AMERIC.	A	4	4	PROGRAM SERVICES	BROADCAST RELIGIOUS TELEVISION PROGRAMS THAT SPREAD THE GOSPEL TO THE WORLD	388,796	
	EUROPE		3	7	PROGRAM SERVICES	BROADCAST RELIGIOUS TELEVISION PROGRAMS THAT SPREAD THE GOSPEL TO THE WORLD	1,340,357	
		lation sheets		11			1,729,153	
	to Part I Totals (add lines			0		No 50082W Sche	1,729,153	

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, othe
Enter total n tax-exempt	umber of recipie by the IRS, or fo	nt organizations lis r which the grante	ted above that are r e or counsel has pro	recognized as chari ovided a section 50:	ties by the foreign c L(c)(3) equivalency	ountry, recognized letter	as . 🕨	·
Enter total n	umber of other o	organizations or en	tities				. ►	

Page **2**

Schedule F (Form 990) 2010

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method c valuation (book, FMV, appraisal, oth
		+ +			<u>†</u>		αμμιαισαι, στη
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		+		+	+ +		
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Schedule F (Form 990) 2010

Pa	art IV Foreign Forms				
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)	Г	Yes	ম	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Г	Yes	ম	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	Г	Yes	ম	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	ম	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	Г	Yes	ন	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	ম	No

Schedule F (Form 990) 2010

 Part V
 Supplemental Information

 Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

 Identifier
 ReturnReference

 Explanation

 PROCEDURE FOR MONITORING
 SCHEDULE F, PART I, LINE 2 THE ORGANIZATION KEEPS

Identifier	ReturnReference	Explanation				
PROCEDURE FOR MONITORING GRANTS OUTSIDE THE U S		SCHEDULE F, PART I, LINE 2 THE ORGANIZATION KEEPS TRACK OF THE RECEIPTS AND EXPENSES OF EACH FOREIGN DIVISION THE FINANCIAL STATEMENTS ARE REVIEWED MONTHLY THE FINANCIAL VIABILITY OF EACH FOREIGN DIVISION IS REVIEWED ANNUALLY THE ORGANIZATION MONITORS THE FOREIGN DIVISIONS TO ENSURE THAT MINISTRY GOALS ARE FOLLOWED WHICH IS THE CRITERIA USED TO AWARD GRANTS AND/OR ASSISTANCE				
METHOD USED TO ACCCOUNT FOR EXPENDITURES		SCHEDULE F, PART I, LINE 3 EXPENDITURES ARE ACCOUNTED FOR USING THE ACCRUAL BASIS				

efile GRAPHIC print - DO NOT	PROCESS As	Filed Data -				DLN:	93493315041251
Schedule I (Form 990)				Organizations,		O M B	No 1545-0047 2010
	Gov	ernments and	Individuals in t	he United States	S		2010
Department of the Treasury Internal Revenue Service Name of the organization	Complet		answered "Yes," to Form Attach to Form 990	1 990, Part IV, line 21 or	22.		pen to Public Inspection
TRINITY CHRISTIAN CENTER OF SA	NTA ANA INC						
Part I General Information	n on Grante and	Accistance				95-2844062	
 Does the organization maintain r the selection criteria used to awa Describe in Part IV the organization 	ecords to substantia ard the grants or ass	ate the amount of the sistance?					Γ Yes Γ No
Part II Grants and Other As Form 990, Part IV, line duplicated if additional	e 21 for any recipi	ent that received n	nore than \$5,000. Ch	eck this box if no one	recipient receive	d more than \$5,000	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							
 2 Enter total number of section 50 3 Enter total number of other organ 							

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d) A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) CASH ASSISTANCE FOR FOOD/SHELTER/CLOTHING	300	36,752			

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

Ident if ier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S		SCHEDULE I, PART I, LINE 2 THE ORGANIZATION AWARDS GRANTS OR ASSISTANCE TO EITHER (1) OTHER 501(C) 3 ORGANIZATIONS THAT ARE ENGAGED IN PROVIDING LOW COST BROADCASTING & EDUCATION TO SPREAD THE GOSPEL TO THE WORLD OR (2) OTHER 501(C) 3 ORGANIZATIONS THAT PROVIDE CARE, COMFORT, EMERGENCY AID TO THE SICK, HANDICAPPED, AND HOMELESS

Schedule I (Form 990) 2010

Software ID: Software Version: EIN: 95-2844062

Name: TRINITY CHRISTIAN CENTER OF SANTA ANA INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE HOLY LAND EXPERIENCE MINISTRIES INC4655 VINELAND ROAD ORLANDO,FL 32811	59-2976410	501(C)3	14,067,162				GENERAL SUPPORT
THE HOLY LAND EXPERIENCE MINISTRIES INC4655 VINELAND ROAD ORLANDO,FL 32811	59-2976410	501(C)3		28,032,954	воок	FORGIVENESS OF DEBT	GENERAL SUPPORT
THE HOLY LAND EXPERIENCE MINISTRIES INC4655 VINELAND ROAD ORLANDO,FL 32811	59-2976410	501(C)3		497,200	FMV	MERCHANDISE GOODS	GENERAL SUPPORT
TRINITY CHRISTIAN CENTER OF SAN MARCOS INC2442 MICHELLE DRIVE TUSTIN,CA 92780	95-2094578	501(C)3	140,471				GENERAL SUPPORT
COMMUNITY EDUCATIONAL TELEVISION INCPO BOX 721800 HOUSTON,TX 77272	33-0046339	501(C)3	111,768				GENERAL SUPPORT
JACKSONVILLE EDUCATORS BROADCASTING INCPO BOX 721800 HOUSTON,TX 77272	65-0016363	501(C)3	39,524				GENERAL SUPPORT
ENLACE CHRISTIAN TELEVISION2021 HARVARD STREET SOUTH IRVING,TX 75061	20-8261976	501(C)3	1,670,298				GENERAL SUPPORT
PARK WEST CHILDREN'S FUND INC1019 NORTH 1ST AVENUE LAKE CHARLES,LA 70601	95-3917951	501(C)3	105,000				GENERAL SUPPORT
SAMARITAN'S PURSEPO BOX 3000 BOONE,NC 28607	58-1437002	501(C)3	100,000				GENERAL SUPPORT
HARVEST OF LOVE MINISTRIESPO BOX 27776 ANAHEIM,CA 92809	95-4494673	501(C)3	6,000				GENERAL SUPPORT
INTERNATIONAL CHRISTIAN BROADCASTERS INC1973 PORT CHELSEA PLACE NEWPORT BEACH, CA 92660	33-0837780	501(C)3	12,000				GENERAL SUPPORT
J W BETHANY INC1973 PORT CHELSEA PLACE NEWPORT BEACH, CA 92660	33-0837778	501(C)3	12,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIGHT TO THE NATIONSPO BOX 406 NEW CUMBERLAND, PA 17070	33-0861058	501(C)3	12,000				GENERAL SUPPORT

efi	le GRAPHIC p	rint - DO NOT PROCESS	As Filed Data -	L	DLN: 93	49331	5041	.251
Sch	edule J	Cor	mpensation In	formation	ОМ	BNo 1	545-0	0047
TRINITY CHRISTIAN CENTER OF SANTA ANA INC 95-2844062					20	10 0 Put		
	,	► Attach				Insp		
				E	mployer identifica	tion nu	mber	
IRI	NITY CHRISTIAN CEI	ITER OF SANTA ANA INC		q	5-2844062			
Ра	rt I Questi	ons Regarding Compensa	tion		5 2011002			
		<u> </u>					Yes	No
1a		opiate box(es) if the organization						
		Section A, line 1a Complete Par	_					
	_	or charter travel		allowance or residence for p				
		companions		s for business use of person				
	·	ification and gross-up payments ary spending account	·	social club dues or initiatio services (e g , maid, chauffe				
) Discretion	ary spending account	j Personar	services (e.g., maid, chaune	eur, cher)			
h	If any of the bo	xes in line 1a are checked, did th	e organization follow a	written policy regarding pa	vment or			
5		orprovision of all the expenses d				1b	Yes	
2	Did the organiz	ation require substantiation prior	to reimbursing or allo	wing expenses incurred by a	all			
	officers, directo	ors, trustees, and the CEO/Execu	itive Director, regardır	ng the items checked in line	1a?	2	Yes	
3		, if any, of the following the organi		sh the compensation of the				
		CEO/Executive Director Check a						
		tion committee		mployment contract ation survey or study				
		nt compensation consultant of other organizations		by the board or compensati	ion committee			
	1 101111990	Si other organizations	ι• Αρριοναί	by the board of compensati	ion committee			
4	During the year or a related org	r, dıd any person lısted ın Form 99 anızatıon	90, Part VII, Section ,	A, line 1a with respect to the	e filing organizatior	ı		
а	Receive a seve	rance payment or change-of-con	trol payment from the	organization or a related or	ganızatıon?	4a		No
Ь	Participate in, o	or receive payment from, a supple	emental nonqualified r	etırement plan?		4Ь		No
с	Participate in, o	or receive payment from, an equit	y-based compensatio	n arrangement?		4c		No
	If "Yes" to any	of lines 4a-c, list the persons an	d provide the applicab	le amounts for each item in	Part III			
_		and 501(c)(4) organizations only	-					
5	•	ted in form 990, Part VII, Section contingent on the revenues of	n A, line 1a, did the or	ganization pay or accrue and	У			
_		-				5-		No
a h	The organizatio					5a		No
D	Any related org	janization? 2 5a or 5b, describe in Part III				5b		No
6	,	ted in form 990, Part VII, Section	h A . line 1a. did the or	ganization pay or accrue an	v			
-		contingent on the net earnings of	, ,		,			
а	The organizatio	n?				6a		No
Ь	Any related org	janization?				6b		No
	If "Yes," to line	e 6a or 6b, describe in Part III						
7	For persons lis	ted in Form 990, Part VII, Sectio lescribed in lines 5 and 6? If "Ye:			- fi x e d	7		No
8	Were any amou	ints reported in Form 990, Part V	II, paid or accured pu	rsuant to a contract that wa	s			
	subject to the i	nitial contract exception describe						
	ın Part III					8		No
9	If "Yes" to line section 53 495	8, dıd the organızatıon also follov 58-6(c)?	v the rebuttable presu	mption procedure described	ın Regulatıons	9		

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990 Cat No 50053T

Schedule J (Form 990) 2010

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)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
			Base (ii) Bonus & Incentive compensation compensation		other deferred compensation	benefits	(B)(ı)-(D)	reported ın prıor Form 990 or Form 990-EZ
(1) PAUL F CROUCH	(1) (11)	399,256 0	0 0	0 0	0 0	744 0	400,000	0 0
(2) JANICE W CROUCH	(1) (11)	364,256 0	0 0	0 0	0	744 0		0
(3) PAUL F CROUCH JR	(I) (II)	213,964 0	0	0	16,500 0	29,996 0	260,460 0	0
(4) MATTHEW W CROUCH	(1) (11)	0 0	0	199,124 0	0	0		0 0
(5) WARREN B MILLER	(1) (11)	156,693 0	0 0	0	15,000 0	744 0		0
(6) ROBERT L FOPMA	(1) (11)	165,148 0	0 0	0 0	15,600 0	2,352		0
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Schedule J (Form 990) 2010

Part III Supplemental Information

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

Ident if ier	Ret urn Ref erence	Explanation
	PART I, LINE	1 AFFILIATE OWNED AIRCRAFT USED BY PRINCIPALS FOR BUSINESS TRAVEL AS NEEDED 2 THE ORGANIZATION PROVIDES OPTIONAL HOUSING
	1A	ALLOWANCE FOR QUALIFIED, ORDAINED MINISTERS

Schedule J (Form 990) 2010

efile GRAPHIC pr	int - DO NO	ot pro	OCESS	As File	ed Data	a -			D	LN: 93	4933150	41251		
Schedule L		Т	ransa	actions	with l	nterested F	Perso	ons		OM	1B No 154	5-0047		
Form 990 or 990-EZ)		 Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b. Attach to Form 990 or Form 990-EZ. See separate instructions. 									2010			
Department of the Treasury nternal Revenue Service		► Att	Transactions with Interested Persons Image: Complete if the organization answered Yes" on Form 990, Part IV, Lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V Lines 38a or 40b. Image: Complete if the organization answered * Attach to Form 990 or Form 990-EZ. >See separate instructions. Employer identifice * Attach to Form 990 or Form 990-EZ. >See separate instructions. Sections INC Employer identifice gsactions (section 501(c)(3) and section 501 (c)(4) organizations only). Image: Complete if the organization section Infield person (b) Description of transaction Interested Persons. * torn answered "Yes" on Form 990, Part IV, Line 26, or Form 990-EZ, Part V, Line 38 (b) Loan to orf form bergen amount (f) or from the reganization? (f) Approved by the organization? (f) Approved by board or committee? (f) Approved by the organization? (f) Yes No Yes Yes" on Form 990, Part IV, Line 26, or Form 990-EZ, Part V, Line 38 (b) Loan to orf form be principal amount (d)Balance due (f) Approved by the organization? Approved by board or committee? (c) To From Image: Section											
Name of the organiza TRINITY CHRISTIAN CENT								E	Employer i	dentifica	ition numbe	:Г		
				Tes on For	 					rait v, i		orrected		
1 (a)	Name of disq	ualified	person			(b) Dese	cription	oftrans	action		Yes			
											Open to Public Inspection ation number			
	e if the organiz	zation a (b) L or fro	oan to om the	d "Yes" on F (c)Orig	orm 990 Jinal		(e)	In	(f) Approv by boar	ved dor	(g)Writt	en to Public nspection (c) Corrected? Yes No (g) Written agreement? Yes No (g) Written (g) Written (g) Written (g) Written		
F F			From	F F			Yes	No			Yes			
							103							
											Open to Public Inspection Attification number y). (c) Corrected? Yes No Yes No Image: State of the sta			
Total			• •		▶ \$					1				
								. -						
· · · · · ·														
(a) Name of in	terested pers	on					13011	1 A (၁)	mount of g	rant or ty	pe of assis	tance		

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

Part IV Business Transactions Involving Interested Persons.

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	organi	arıng of zatıon's nues?
	organization			Yes	No
(1) GENERE8XION ENTERTAINMENT INC	O WNER OF GENER8XION IS A BO ARD MEMBER OF THE O RGA NIZATIO N	150,000	THE ORGANIZATION ENTERED INTO A FILM AGREEMENT WITH GENERE8XION ENTERTAINMENT, INC (GENER8XION) THE TOTAL COST OF THE FILM PROJECT IS NOT TO EXCEED \$1,000,000 THE ORGANIZATION HAS PAID GENER8XION \$150,000 FOR PRE-PRODUCTION AS OF DECEMBER 31, 2010		Νο
(2) JW BETHANY INC DBA SMILE OF A CHILD	FOUNDER OF JW BETHANY, INC IS A BOARD MEMBER OF THE ORGANIZATION		THE ORGANIZATION RECEIVES AND REMITS CONTRIBUTIONS DESIGNATED TO JW BETHANY, INC DBA SMILE OF A CHILD (SOAC) THE ORGANIZATION CHARGES SOAC ADMINISTRATIVE AND PROCESSING FEES		Νο
(3) JW BETHANY INC DBA SMILE OF A CHILD	FOUNDER OF JW BETHANY, INC IS A BOARD MEMBER OF THE ORGANIZATION	2,177	THE ORGANIZATION'S GIFT SHOP SELLS ITEMS CONSIGNED BY JW BETHANY, INC DBA SMILE OF A CHILD (SOAC)		No

Part V Supplemental Information

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

Ident if ier	Return Reference	Explanat ion	
--------------	------------------	---------------------	--

efile GRAPHIC p	rint - DO NOT	PROCES	S As Filed Data -			9349331		
SCHEDULE M (Form 990)		Ν	IonCash Contr	ibutions		OMBNo 1		47
		•Complet	20	10				
Department of the Treasury	•	-complete	e if the organization and 990, Part IV, lines 2	29 or 30.		Open t	-	ic
nternal Revenue Service			Attach to Form	990.			ection	
lame of the organiza RINITY CHRISTIAN CENT		_			Employer identi	fication nu	mber	
					95-2844062			
Part I Types	of Property		(1)	()		<u> </u>		
		(a) Check ıf applıcable	(b) Number of Contributions or items contributed	(C) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of determ amounts	(d) Ining oncash o	contributic	'n
1 Art—Works of a	t							
2 Art—Historical f								
3 Art—Fractional								
4 Books and publi								
5 Clothing and ho oods	usehold							
6 Cars and other					1			
7 Boats and plane	s							
8 Intellectual pro	perty							
9 Securities—Pub	-	Х	20	163,294	FMV @ RECEI	PT DATE		
LO Securities—Clos stock	'							
L1 Securities—Part	• •							
LLC, or trust in L2 Securities—Mis								
.2 Qualified conse								
contribution—H structures	ıstorıc							
4 Qualified conse	rvation							
contribution—O								
.5 Real estate—Re								
.6 Realestate—Co .7 Realestate—Ot								
L 7 Realestate—Ot L 8 Collectibles .								
19 Food inventory								
20 Drugs and medi								
21 Taxidermy .								
22 Historical artifa	cts.							
23 Scientific speci	mens							_
24 Archeologicala	rtıfacts .							
JEWEL								
OTHE 25 Other⊳(<u>MISC</u>		x	77	40.934	FMV @ RECEI	PT DATE		
26 Other⊫(,,,	10,007				
27 Other ►(1			
288 Other►(_
29 Number of Form	ns 8283 received		anization during the tax yea		29			
for which the or	ganization comple	tea ⊦orm 8	3283, Part IV, Donee Ackn	iowieagement			Yes	
30a During the year	. did the organizat	ION RECEIVE	e by contribution any prope	rty reported in Part I lines	: 1-28 that it	Γ		No
			late of the initial contribution					
	•		eriod?			. 30a		No
b If "Yes," descr						504		
	-		• e policy that requires the r	eview of any non-standard	contributions?	31	Yes	
-	-		es or related organizations					
contributions?						· 32a		No
b If "Yes," descr	ibe in Part II							
33 If the organizat	ion did not report	revenues i	n column (c) for a type of p	roperty for which column (a	a) is checked,			
describe in Par	t II							

Part II

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

Ident if ier	Return Reference Explanation	
		THE ORGANIZATION IS REPORTING THE NUMBER OF
NUMBER OF CONTRIBUTORS		ITEMS RECEIVED

Schedule M (Form 990) 2010

efile GRAPHIC pr	int - DO NOT PROCESS	As Filed Data -		DLN: 93493315041251
SCHEDULE O (Form 990 or 990-EZ)	омв № 1545-0047 2010			
Department of the Treasury Internal Revenue Service		ide information for res 90 or to provide any ad ▶ Attach to Form 990		Open to Public Inspection
Name of the organizat TRINITY CHRISTIAN CENTE			Employe 95-284	er identification number

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2		FAMILY RELATIONSHIP - PAUL F CROUCH(PRESIDENT/DIRECTOR), JANICE W CROUCH(1ST VICE- PRES/DIRECTOR), PAUL F CROUCH, JR (VICE-PRES/CHIEF OF STAFF/DIRECTOR), MATTHEW W CROUCH (ASST VICE-PRES/DIRECTOR), RUTH BROWN(ASST SECRETARY), BRITTANY KOPER(ASST SECRETARY), AND MICHAEL KOPER(ASST SECRETARY)

Software ID:

Software Version:

EIN: 95-2844062

Name: TRINITY CHRISTIAN CENTER OF SANTA ANA INC

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program se	rvices				
(Code)(Expenses \$	2,063,687	including grants of \$	2,063,687) (Revenue \$)
TO PROVIDE SUPPO	RT TO VARIOUS MINIST	RIES OUTSID	E THE UNITED STATES	5 THAT SPREAD THE GOSPEL TO THI	E WORLD
(Code) (Expenses \$	2,301,340	including grants of \$	2,301,340) (Revenue \$)
TO PROVIDE SUPPO	RT TO VARIOUS MINIST	RIES THAT SP	READ THE GOSPEL TO) THE WORLD	
(Code) (Expenses \$	36,752	including grants of \$	36,752) (Revenue \$)
TO PROVIDE CARE,	COMFORT, EMERGENCY	AID TO THE S	ICK, HANDICAPPED, A	ND HOMELESS	

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE 990 IS REVIEWED BY AN INDEPENDENT ACCOUNTANT BEFORE THE 990 IS FILED

ldentifier	Return Reference	Explanation	
	FORM 990, PART VI, SECTION B, LINE 12C	PROGRAMS AND POTENTIAL CONTRACTS ARE REVIEWED BY THE LEGAL DEPARTMENT CONTRACTS SUBMITTED BY DIRECTORS, OFFICERS, OR KEY EMPLOYEES ARE SPECIFICALLY REVIEWED BY THE ORGANIZATION'S REVIEW COMMITTEE IF CONTRACT IS APPROVED BY THE REVIEW COMMITTEE, CONTRACT IS SUBMITTED TO THE BOARD OF DIRECTORS FOR FINAL APPROVAL	

ldentifier	Return Reference	Explanation
		FORM 990, PART VI, SECT B, LINE 15 COMPENSATION ISSUES ARE REVIEWED AND DELIBERATED OVER REGULARLY BY THE BOARD OF DIRECTORS THE DIRECTORS RECEIVE COMPARABLE DATA AND CONTEMPORANEOUS SUBSTANTIATION FROM INDEPENDENT THIRD PARTIES TO ASSIST THEM IN DECISION MAKING COMPARABLES ARE FROM THE PUBLIC SECTOR AS WELL AS THE CHARITABLE SECTORS OF BUSINESS

ldentifier	Return Reference	Explanation
	FORM 990, PART V I, SECTION C, LINE 18	THE ORGANIZATION'S 990 AND 990-T ARE AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST AND ARE PART OF THE "PUBLIC FILES" REQUIRED TO BE MAINTAINED AT THE ORGANIZATION'S PHY SICAL LOCATION THE ORGANIZATION'S 990 AND 990-T ARE ALSO AVAILABLE FOR PUBLIC INSPECTION AT GUIDESTAR ORG

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST THE ARTICLES OF INCORPORATION ARE PUBLIC RECORD OTHER INTERNAL GOVERNING DOCUMENTS, SUCH AS THE CONFLICT OF INTEREST POLICY, ARE NOT AVAILABLE TO THE GENERAL PUBLIC

ldentifier	Return Reference	Explanation
CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC	FORM 990, PART VII	TERRENCE M HICKEY - 27922 CALLE MARIN, MISSION VIEJO, CA 92692 MATTHEW W CROUCH - 3556 MULTIVIEW DR, LOS ANGELES, CA 90068

ldentifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -11975874 DONATED SERVICES AND USE OF FACILITIES -98637 TOTAL TO FORM 990, PART XI, LINE 5 -12074511

ldentifier	Return Reference	Explanation
AUDIT OVERSIGHT AND SELECTION OF INDEPENDENT ACCOUNTANT	FORM 990, PART XII, LINE 2C	THE BOARD OF DIRECTORS HAS RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF THE ORGANIZATION'S FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

efile GRAPHIC print -	DO NOT PROCESS As Filed Data	-				DLN: 9349	933150 [,]	41251
SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service	► Complete if the or	Organizations ganization answered " • Attach to Form 990.	'Yes" to Form 990, P	art IV, line 33, 34, 3	-	2 Oper	• 1545- 010 to Pub spectio	olic
Name of the organization					Employer iden	tification number		
TRINITY CHRISTIAN CENTER OF S	ANTA ANA INC				95-2844062			
Part I Identificati	on of Disregarded Entities (Comple	ete if the organizati	on answered "Yes	" on Form 990, Pa	nrt IV, line 33.)			
Name, address,	(a) and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (stat or foreign country)		(e) End-of-year assets	(f) Direct controlling entity		
	on of Related Tax-Exempt Organiz ted tax-exempt organizations during t		ıf the organızatıoı	n answered "Yes"	on Form 990, Part	t IV, line 34 becaus	e it had	one
Name, address, ar	(a) Id EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 conti	g) 12(b)(13) rolled ization
							Yes	No
See Additional Data Table								

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

Schedule R (Form 990) 2010

Page **2**

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

	ie nau one or me	1010101	eu el guilleutiene e		a ang ara a							
(a) Name, address, and EIN of related organization		(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h Disprop allocat	rtionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr	alor ging	(k) Percentage ownership
							Yes	No		Yes	No	
									1 11 2 11			

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) BRUNSON COMMUNICATIONS INC 3900 MAIN STREET PHILADELPHIA, PA19127 13-3028765	INACTIVE - BROADCASTING	РА	N/A	с		125,800	100 000 %

			i ugu	-
Part V Transactions With Related Organizations (Complete if the organization and	wered "Yes" on 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		Ye	s	No
${f 1}$ During the tax year, did the orgranization engage in any of the following transactions with one or more	elated organizations listed in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a			No
b Gift, grant, or capital contribution to other organization(s)	1b	Ye	s	
${f c}$ Gift, grant, or capital contribution from other organization(s)	1c	Ye	s	
d Loans or loan guarantees to or for other organization(s)	1d	Ye	s	
e Loans or loan guarantees by other organization(s)	1e			No
f Sale of assets to other organization(s)	1f			No
g Purchase of assets from other organization(s)	1g			No
h Exchange of assets	1h			No
i Lease of facilities, equipment, or other assets to other organization(s)	11			No
j Lease of facilities, equipment, or other assets from other organization(s)	1j			No
k Performance of services or membership or fundraising solicitations for other organization(s)	 1k			No
I Performance of services or membership or fundraising solicitations by other organization(s)	11			No
m Sharing of facilities, equipment, mailing lists, or other assets	1n	1		No
n Sharing of paid employees	11			No
• Reimbursement paid to other organization for expenses	10			No
 Reimbursement paid to other organization for expenses 	10	-		No
q Other transfer of cash or property to other organization(s)	1q			No
r Other transfer of cash or property from other organization(s)	1r			No

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

	5	1	
(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
			Schedule R (Form 990) 2010

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d Are partr sect 501(c organiz	all ners ion)(3)	(e) Share of end-of-year assets	(f Disprop allocat) irtionate ions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h Gener mana part	aging
			Yes			Yes	No		Yes	No

Schedule R (Form 990) 2010

Part VII Supplemental Information

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

Ident if ier Ret urn Reference Explanation
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Schedule R (Form 990) 2010

Software ID: Software Version: EIN: 95-2844062

Name: TRINITY CHRISTIAN CENTER OF SANTA ANA INC

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

Torm 550, Schedule R, Fart II - Identification of			-				
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501 (c)(3))	(f) Direct controlling entity	(<u>c</u> Sectio (b)(contr organi	n 512 13) olled
						Yes	No
TRINITY BROADCASTING OF FLORIDA INC	PRODUCE/BROADCAST						
2442 MICHELLE DRIVE TUSTIN, CA92780 59-1991004	RELIGIOUS TV PROGRAMS THAT SPREAD THE GOSPEL TO THE WORLD	FL	501(C)3	170(B)(1)(A)(I)	N/A		No
TRINITY BROADCASTING OF WASHINGTON INC 2442 MICHELLE DRIVE TUSTIN, CA92780 91-0996619	PRODUCE/BROADCAST RELIGIOUS TV PROGRAMS THAT SPREAD THE GOSPEL TO THE WORLD	WA	501(C)3	170(B)(1)(A)(I)	N/A		No
TRINITY BROADCASTING OF INDIANA INC 2442 MICHELLE DRIVE TUSTIN, CA92780 31-1016441	PRODUCE/BROADCAST RELIGIOUS TV PROGRAMS THAT SPREAD THE GOSPEL TO THE WORLD	IN	501(C)3	170(B)(1)(A)(I)	N /A		No
TRINITY BROADCASTING OF NEW YORK INC 2442 MICHELLE DRIVE TUSTIN, CA92780 14-1631995	PRODUCE/BROADCAST RELIGIOUS TV PROGRAMS THAT SPREAD THE GOSPEL TO THE WORLD	NY	501(C)3	170(B)(1)(A)(I)	N/A		No
TRINITY BROADCASTING OF DENVER INC 2442 MICHELLE DRIVE TUSTIN, CA92780 84-0736095	PRODUCE/BROADCAST RELIGIOUS TV PROGRAMS THAT SPREAD THE GOSPEL TO THE WORLD	со	501(C)3	170(B)(1)(A)(I)	N/A		No
TRINITY BROADCASTING OF TEXAS INC 2442 MICHELLE DRIVE TUSTIN, CA92780 74-1945661	PRODUCE/BROADCAST RELIGIOUS TV PROGRAMS THAT SPREAD THE GOSPEL TO THE WORLD	тх	501(C)3	170(B)(1)(A)(I)	N/A		No
TRINITY BROADCASTING OF ARIZONA INC 2442 MICHELLE DRIVE TUSTIN, CA92780 86-0335082	PRODUCE/BROADCAST RELIGIOUS TV PROGRAMS THAT SPREAD THE GOSPEL TO THE WORLD	ΑZ	501(C)3	170(B)(1)(A)(I)	N/A		No
TRINITY BROADCASTING OF OKLAHOMA INC 2442 MICHELLE DRIVE TUSTIN, CA92780 73-1011191	PRODUCE/BROADCAST RELIGIOUS TV PROGRAMS THAT SPREAD THE GOSPEL TO THE WORLD	ок	501(C)3	170(B)(1)(A)(I)	N/A		No
TRINITY CHRISTIAN CENTER OF SAN MARCOS INC 2442 MICHELLE DRIVE TUSTIN, CA92780 95-2094578	PRODUCE/BROADCAST RELIGIOUS TV PROGRAMS THAT SPREAD THE GOSPEL TO THE WORLD	CA	501(C)3	170(B)(1)(A)(I)	N/A		No
COMMUNITY EDUCATIONAL TELEVISION INC PO BOX 721800 HOUSTON, TX77272 33-0046339	PRODUCE/BROADCAST RELIGIOUS TV PROGRAMS THAT SPREAD THE GOSPEL TO THE WORLD	тх	501(C)3	170(B)(1)(A)(VI)	N/A		No
JACKSONVILLE EDUCATORS BROADCASTING INC PO BOX 721800 HOUSTON, TX77272 65-0016363	PRODUCE/BROADCAST RELIGIOUS TV PROGRAMS THAT SPREAD THE GOSPEL TO THE WORLD	FL	501(C)3	170(B)(1)(A)(VI)	N/A		No
SAN ANTONIO COMMUNITY EDUCATIONAL TV INC PO BOX 721800 HOUSTON, TX77272 74-2463670	PRODUCE/BROADCAST RELIGIOUS TV PROGRAMS THAT SPREAD THE GOSPEL TO THE WORLD	тх	501(C)3	170(B)(1)(A)VI)	N/A		No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501 (c)(3))	(f) Direct controlling entity		on 512
						Yes	No
2442 MICHELLE DRIVE	PRODUCE/BROADCAST RELIGIOUS TV PROGRAMS THAT SPREAD THE GOSPEL TO THE WORLD	СА	501(C)3	509(A)2	N/A		No
2442 MICHELLE DRIVE	OPERATION OF THE HOLY LAND EXPERIENCE BIBLICAL MUSEUM	FL	501(C)3	509(A)2	N/A		No

efile GRAPHIC print	t - DO NOT PR	OCESS A	s Filed Da	ata -		[DLN:	93493315041251
Form 4562		Depre	ciation	and Amor	tization			OMBNo 1545-0172
		(Including	Informat	ion on Liste	ed Property	()		2010
Department of the Treasury Internal Revenue Service (99)	۲	See separate	inst ruct ions	. 🕨 Attach	to your tax re	turn.		Attachment Sequence No 67
Name(s) shown on return			Business	or activity to w	hıch thıs form	relates	I	dent if ying number
TRINITY CHRISTIAN CE	ENTER OF SANT.	A ANA INC	FORM 99	0 PAGE 10			9	95-2844062
	To Expense (alata Daut I		
1 Maximum amount Sev	<i>you have any li</i> e the instructions				<u> </u>		1	500,000
2 Total cost of section :		-					2	
3 Threshold cost of sec			•		uctions)		3	2,000,000
4 Reduction in limitation							4	
5 Dollar limitation for ta					D- If married	filing		
separately, see instru	ctions .						5	
6 (a)	Description of pi	roperty		(b) Cost (bu on		(c) Elected c	ost	
								-
7 Listed property Enter	the amount from	line 29 .			. 7			-
8 Total elected cost of s			ounts in colu	mn (c), lines 6	and 7 .		8	1
9 Tentative deduction							9	
10 Carryover of disallowe	ed deduction from	ılıne 13 of yoı	ur 2009 For	m 4562 .			10	
11 Business income limitation	Enter the smaller of	business income	e (not less than	zero) or line 5 (se	ee instructions)		11	
12 Section 179 expense	deduction Add I	ines 9 and 10	, but do not	enter more tha	n line 11 🔸		12	
13 Carryover of disallowe	ed deduction to 2	011 Add lines	s 9 and 10, l	ess line 12	. 13			
Note: Do not use Part								
								ty) (See instructions)
14 Special depreciation a tax year (see instruct		lified property	(other than	listed property) placed in se	rvice during the	14	
15 Property subject to se		election -					15	
16 Other depreciation (ir							16	18,164,091
	epreciation (I	Do not inclu	de listed p	roperty.) (Se	e instruction	ıs.)		
			Se	ction A		-	r –	
17 MACRS deductions fo	•			2			17	
18 If you are electing		•		-	•	_		
general asset acco Section B–Ass				 0 Tax Vaar		► Conorol Don		ation Sustam
Section D-Ass		(c) Bas		U lax fear		General Dep	recia	ation system
(a) Classification of property	(b) Month and year placed in service	depreci (business/in use only—see ins	ation ivestment e	(d) Recovery period	(e) Conventi	on (f) Metho	bd	(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				27 5 yrs	MM	S/L		
property				27 5 yrs	MM	S/L		
i Nonresidential real property				39 yrs	M M M M	S/L S/L		
	_ on C—Assets Plac	ced in Service	During 2010	Tax Year Using			ı Syst	tem
20a Class lıfe						S/L		
b 12-year				12 yrs		S/L		
c 40-year				40 yrs	ММ	S/L		
	ry (see instruc						34	1
21 Listed property Enter22 Total. Add amounts fr			••• 7, lines 19 a	••••••••••••••••••••••••••••••••••••••	nn (g), and line	· · ·	21	+
and on the appropriate 23 For assets shown abo	e lines of your ret	urn Partnersh	nips and S c	orporations—se	e instruction		22	18,164,091
portion of the basis at		-		• •				

For Paperwork Reduction Act Notice, see separate instructions. Cat No 12906N

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 applicate of applicate only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicate only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicate only 24a Do you have evidence to support the business/investment use claimed? 24a Do you have evidence to support the business/investment use claimed? Yes \no 24b if "Yes," is the evidence written? Yes \no 24b if "Yes," is the evidence written? Yes (d) Basis for deprecation (business/investment bestiness/investment bestiness/investment bestiness/investment bestiness use only) (a) (b) (b) 25 sectial deprecation allowance for qualified tisted property placed in service during the tax year and used more than 5% in a qualified business use 25 25 27 Property used 50% or less in a qualified business use S(L -	r	
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 applicate sectors A. Section A-Depreciation and Other Information (Caution: See the instructions for limits for passenger automobe 24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No 24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No 24b If "Yes," is the evidence written? Yes No 24b If "Yes," is the evidence written? Yes No 25. proceeding of the summers investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No (f) (g) (h) (f) Type of property (list vehicles first) 0 (b) (c) (c) (d) (d) (f) (g) (h) (f) (f) (g) (h) (f) (f) <td></td>		
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Vehicles first) service use percentage basis (business/investment use only) perod Convention deduction section 1 cost 25Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) vehicles first) 25 26 Property used more than 50% in a qualified business use % 25 26 27 Property used more than 50% or less in a qualified business use S/L - - - 27 Property used 50% or less in a qualified business use S/L - - - 28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 29 - 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 . 29 - Section B—Information on Use of Vehicles Vehicle 1 Vehicle 2 Vehicle 4 (e) V(f) 30 Total business/investment miles driven during the year .		
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year (do not include commuting miles))	
32 Total other personal(noncommuting) miles driven	:le 6	
33 Total miles driven during the year Add lines 30		
34 Was the vehicle available for personal use Yes No Yes	No	
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 5% owners or related persons (see instructions)		
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		
39 Do you treat all use of vehicles by employees as personal use?		
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?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		
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		
(b) (c) (d) (e) (f)		
(a) Date Amortizable Code Amortization Amortization for Description of costs amortization amount section this year		
begins percentage		
42 A mortization of costs that begins during your 2010 tax year (see instructions)		
43 A mortization of costs that began before your 2010 tax year		

44 Total. Add amounts in column (f) See the instructions for where to report . .

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