Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Open to Public

Department of the Treasury

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

Inte	rnal Reve	enue Service		The organization may have t	o use a copy of this reti	um to s	alisty state repor	ung n	equirer	nents	inspection
A	For th	he 2005 c	alendar	year, or tax year beginning	9	, 2005	, and ending			, 20	
В	Check if	applicable	Please use IRS	C Name of organization				P		yer identificat	lion number
	Address	ddress change label or linee Angels Broadcasting Network, Inc.								1179056	
	Name o	change	print or type	1		street a	ddress) Room/suit	e E	٠.	none number	_
	Initial re	eturn	See Specific	3391 Charley Good Rd.	<u></u>		<u> </u>	-		627-4651 —	
	Final ref	turn	Instruc- tions.	City or town, state or country				F	_	ing method:	
	Amende	ed return	tions.	West Frankfort, IL 6289	0		N and Lone			ther (specify)	27 organizations
	Applicat	ion pending		ction 501(c)(3) organizations a sts must attach a completed S							? ☐ Yes ☑ No
_	Wahais	e: ▶ 3ab		sis musi attach a completeu s	Chedule A (Form 890 or 8	30-LZ).		_		ber of affiliates	
u	Websit	e: > 3ab	n.org		·- <u>-</u>		H(c) Are al	•			Yes No
J	Organi	zation type	check (only one) 🕨 🗹 501(c) (3) 🗸	(insert no) 4947(a)(1)	or 🗌	527 (If "No	," atta	ch a lis	t. See instructi	ons)
K	Check	here ▶	if the c	organization's gross receipts are	normally not more than \$2	25,000 T				m filed by an	0 □ v □ v.
	organiza	ation need	not file a	return with the IRS, but if the o	organization chooses to file		be organiz				g? Yes No
	sure to	tile a comp	lete retun	Some states require a comple	ete return.		<u></u>			lumber ►	las la mat ramulus d
L	Gross	receipts:	Add line	s 6b, 8b, 9b, and 10b to line	12 ▶						ion is not required D-EZ, or 990-PF)
_	art I			penses, and Changes		und B					, , , , , , , , , , , , , , , , , , , ,
_	1					41.0	<u> </u>		1.00.0		
				gifts, grants, and similar a upport		1a	14,060	.275			
	a b	•		support , , , , , , ,		1b		,	1		
	1		•			1c			1 .		
				1a through 1c) (cash \$ _			603,352		1d		14,060,275
	2			e revenue including governi			,	3)	2		1,162,106
	3	_					, , art vii, iiio o	٠,	3		
	4		•	ings and temporary cash				•	4		6,470
	5			interest from securities	, ,	• •		•	5		
	6a	Gross re				6a	44	,801			
	b			penses		6b	2	,757			
	С			me or (loss) (subtract line					6c		42,044
•	7			ent income (describe >	·			_)	7		
Revenue	8a	Gross a	mount	from sales of assets other	(A) Securities		(B) Other		1 1		
Rev	1	than inv	entory		50,397		11	<u>,471</u>			
_	b	Less: co	st or oth	er basis and sales expenses				,349			
	C	Gain or	(loss) (a	attach schedule)	(1,328)	8c	1	<u>,122</u>			
	d	Net gain	or (los	s) (combine line 8c, column	s (A) and (B))				8d		(206)
	9	Special e	vents ar	nd activities (attach schedule)	. If any amount is from g	jaming,	check here ► !				
	а			(not including \$	of						
				eported on line 1a)		9a					
	1			penses other than fundra	- '	9b			0-		
	1			(loss) from special events				264	9с		-
	10a			inventory, less returns an	d allowances .	10a 10b		,361 .669			
	b			oods sold					10c		254,692
	11			oss) from sales of inventory ((from Part VII, line 103)	attach schedule) (subtra	ici iine	Top from line Tua	1).	11		(568,784)
	12			add lines 1d, 2, 3, 4, 5, 6c	. 7. 8d. 9c. 10c. and 1	1)		1	12		14,956,597
	13		-	es (from line 44, column ((R))		=mIED	less	13		10,511,457
Š	14	-		nd general (from line 44,	column (C))	OEC	ENED	100	14		4,927,633
Expenses	15	_		om line 44, column (D))		المالكي	- 200	Vid	15		
찣	16			filiates (attach schedule)	1.1.6		Sano		₹\ 6		
	17			s (add lines 16 and 44, co	ايم ا . (A) nmulo	أهلانان	2006	9	17		15,439,090
इ	18	Excess	or (defi	cit) for the year (subtract	line 17 from line 127	1			.18		482,493
Net Assets	19	Net ass	ets or f	und balances at beginning in net assets or fund bal	g of year (from line\73	3, contain	MAEN,		19		19,952,817
9t A								. [20	<u> </u>	
ž	21	Net asse	ets or fu	nd balances at end of year	r (combine lines 18, 19	ento 2	0)	<u>.</u>	21		19,470,324

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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Pa	Statement of All organizations multiple Functional Expenses organizations and s	ist com ection 4	plete column (A). Colu 947(a)(1) nonexempt c	mns (B), (C), and (D) chantable trusts but	are required for sect optional for others. (S	ion 501(c)(3) and (4) ee the instructions.)
	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) . (cash \$ noncash \$) If this amount includes foreign grants, check here ▶ □	22				
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24		-		
25	Compensation of officers, directors, etc.	25	237,027	35,472	201,555	
26	Other salaries and wages	26	3,431,919	1,565,081	1,866,838	
27	Pension plan contributions	27				
28	Other employee benefits	28				
29	Payroll taxes	29				
30	Professional fundraising fees	30	235,090		235,090	
31	Accounting fees	31	28,361		28,361	
32	Legal fees	32	177,760		177,760	
33	Supplies	33	392,253	143,634	248,619	
34	Telephone	34	159,058	159,058		
35	Postage and shipping	35	501,094		501,094	
36	Occupancy	36	394,674	215,193	179,481	
37	Equipment rental and maintenance	37	3,448,036	3,279,518	168,518	
38	Printing and publications	38	153,922	153,922		
39	Travel	39	1,387,687	1,094,779	292,908	
40	Conferences, conventions, and meetings .	40				,
41	Interest	41	6,038		6,038	
42	Depreciation, depletion, etc. (attach schedule)	42	2,060,396	2,060,396		
43 a	Other expenses not covered above (itemize): Statement 2	43a	2,825,775	1,804,404	1,021,371	
b		43b				
С		43c				
d		43d				
е		43e				
f		43f				
g		43g				
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines	44	15,439,090	10,511,457	4,927,633	
			10,400,000	10,011,401	-,,521,,000	
Are a	t Costs. Check if you are following SOP in joint costs from a combined educational campaign	and fur				Yes No
	es," enter (i) the aggregate amount of these joint costs	.		amount allocated to amount allocated to		a ;
(III) ti	ne amount allocated to Management and general \$, and (IV) the a	amount anocated t	o i ununaising a	

Part III Statement of Program Service Accomplishments (See the instructions.	Part III S	Statement of	Program Ser	rvice Accomp	lishments (See	the instructions.)
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Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

	nat is the organization's primary exempt purpose? ▶	Program Service
٩II	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number	(Required for 501(c)(3) and
	clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) panizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(4) orgs , and 4947(a)(1) trusts, but optional for
		others)
а	Production and distribution of religious programming for electronic distribution throughout the	
	world.	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	10,511,457
b		
_		
	/O	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
С		
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
d		
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
9	Other program services (attach schedule)	····
-	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	,
_	· · · · · · · · · · · · · · · · · · ·	- 000

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Pa	ırt IV	Balance Sheets (See the instructions.)				
N	lote:	Where required, attached schedules and amounts column should be for end-of-year amounts only.	within	the description	(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing			766,858	45	1,043,070
	46	Savings and temporary cash investments			1,822,424	46	20,410
	••	dayings and temporary dash investments.					
	47a	Accounts receivable	47a	204,877			
		Less: allowance for doubtful accounts	47b		164,557	47c	204,877
	~	2000. anovarior for adaption addodates					
	48a	Pledges receivable	48a	669,592			
		Less: allowance for doubtful accounts .	48b		517,185	48c	669,592
	49	_				49	
	50	Receivables from officers, directors, trustee					
		(attach schedule)				50	A
	51a	51a Other notes and loans receivable (attach					
ţ	• • •	schedule)	51a				
Assets	ь	Less: allowance for doubtful accounts	51b			51c	
Ä	52	Inventories for sale or use			1,313,507	52	1,397,326
	53	Prepaid expenses and deferred charges .			939,847	53	450,706
	54	Investments—securities (attach schedule)		► 🗌 Cost 🗹 FMV 📙		54	1,104,153
	55a	Investments—land, buildings, and					
	ļ	equipment: basis	55a	3,120,000			
,	b	Less: accumulated depreciation (attach					
i		schedule)	55b		3,387,100	_	3,120,000
	56	Investments—other (attach schedule)				56	-, -, -, -, -, -, -, -, -, -, -, -, -, -
	57a	Land, buildings, and equipment: basis .	57a	29,173,455			
	b	Less: accumulated depreciation (attach schedule)	57b	15,605,753	14,549,578	57c	13,567,702
	58	Other assets (describe ►)	31,301,209	58	35,578,962
		•		,			
	59	Total assets (must equal line 74). Add lines	45 thr	ough 58	54,762,265	59	57,156,798
	60	Accounts payable and accrued expenses	831,841	60	1,124,241		
	61	Grants payable		61			
	62	Deferred revenue			27,460	62	6,965
es	63	Loans from officers, directors, trustees, and	key (employees (attach			
ilit		schedule)		63	······································		
Liabilities		Tax-exempt bond liabilities (attach schedule)			64a	40.000	
_		Mortgages and other notes payable (attach s			30,000		40,000
	65	Other liabilities (describe ►) -	33,920,147	65	36,515,269
	66	Total liabilities. Add lines 60 through 65	34,809,448	66	37,686,475		
	Orga	nizations that follow SFAS 117, check here ▶	a	nd complete lines			
s		67 through 69 and lines 73 and 74.		·			
8	67	Unrestricted			15,792,142		14,863,131
a	68	Temporarily restricted			4,160,675		4,607,192
8	69	Permanently restricted		. <u>.</u>		69	
Net Assets or Fund Balances	Orga	nizations that do not follow SFAS 117, check complete lines 70 through 74.	here	► □ and			
ב	70	Capital stock, trust principal, or current funds	2			70	
9	71	Paid-in or capital surplus, or land, building, a				71	
Se l	72	Retained earnings, endowment, accumulated		•		72	
As	73	Total net assets or fund balances (add line					
草	-	70 through 72;					
		column (A) must equal line 19; column (B) m	19,952,817		19,470,323		
]	74	Total liabilities and net assets/fund balance	s. Add	lines 66 and 73.	54,762,265	74	57,156,798
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Pa	Reconciliation of Revenue per Au instructions.)	dited Financial Stater	nents With	Rever	nue pe	r Ret	turn (See	the :
a	Total revenue, gains, and other support per aud		5			а		15,569,023
b	Amounts included on line a but not on Part I, lin		b1					
1	Net unrealized gains on investments		b2					
2	Donated services and use of facilities Recoveries of prior year grants		b3					
4	Other (specify):						1	
7	Statement 7		b4	6	12,426			
	Add lines b1 through b4					b		612,426
С	Subtract line b from line a					С		14,956,597
d	Amounts included on Part I, line 12, but not on I	line a:						
1	Investment expenses not included on Part I, line	6b	d1					
2	Other (specify):							
_	Add lines d1 and d2					<u>d</u>		14,956,597
e Pa	Total revenue (Part I, line 12). Add lines c and c rt IV-B Reconciliation of Expenses per Au	udited Financial State	ments With	Expe	nses p	er R	eturn	14,950,597
а	Total expenses and losses per audited financial]	а		16.051.516
b	Amounts included on line a but not on Part I, lin							
1	Donated services and use of facilities		b1					
2	Prior year adjustments reported on Part I, line 20	0	b2					
3	Losses reported on Part I, line 20		b3					
4	Other (specify):		ha		10.400			
	Statement 7		b4		2,426			612,426
	Add lines b1 through b4					b c		15,439,090
C					•			10,400,000
d 1	Amounts included on Part I, line 17, but not on I Investment expenses not included on Part I, line		d1					
2	Other (specify):							
-	Carol (openity).		d2		<u> </u>			
	Add lines d1 and d2]	d		
е	Total expenses (Part I, line 17). Add lines c and	l d			, ▶	е		15,439,090
Par	ct V-A Current Officers, Directors, Trustees or key employee at any time during the year		compensate	i.) <i>(</i> See	the ins	tructio	ons.)	ector, trustee,
	(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compens (If not paid, e -0)	ation (D)	Contribution (benefit plan compensi	ins to en s & defe	rred and	Expense account other allowances
Stat	ement 9	<u> </u>	-		oon police	anon più		
		-						
		-						
				-				
		-						
	_	1						
			-					
		-						
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Pai	t V-A Current Officers, Directors, Trustee	s, and Key Employe	es (continued)			Yes	No
75a	Enter the total number of officers, directors, and tr meetings	ustees permitted to vo	ote on organizatio	n business at board 11			
b	Are any officers, directors, trustees, or key employees listed in Schedule A, Part I, or hig contractors listed in Schedule A, Part II-A or	hest compensated p	rofessional and	other independent			
	relationships? If "Yes," attach a statement that ide	entifies the individuals	and explains the	relationship(s) .	75b	<u> </u>	~
С	Do any officers, directors, trustees, or key employees listed in Schedule A, Part I, or high	hest compensated p	rofessional and	other independent			
	contractors listed in Schedule A, Part II-A or II-B, retax exempt or taxable, that are related to this orga Note . Related organizations include section 509(a)	nization through comr	non supervision o		75c		V
	If "Yes," attach a statement that identifies the organization and the other organization(s), including amounts paid to each individual by	, and describes to y each related orga	the compensate	ship between this on arrangements,			
	Does the organization have a written conflict of in			· · · · · · ·	<u> 75d</u>		'
Pai	TV-B Former Officers, Directors, Trustees, and officer, director, trustee, or key employee reperson below and enter the amount of comp	ceived compensation o	r other benefits (de	escribed below) during ate column. See the ins	the yestruction	ear, lis ons.)	st tha
	(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	accou	Expenunt and lowance	other
	la Shelton 5 Renwick Dr., Springfield, IL 62704		82,922		<u> </u>		
Par	t VI Other Information (See the instruction					Yes	No
76	Did the organization engage in any activity not p		the IRS? If "Yes,	" attach a detailed	76		~
77	description of each activity			the IBS?	77		~
••	If "Yes," attach a conformed copy of the changes		t not reported to				
	Did the organization have unrelated business grothis return?	ss income of \$1,000	or more during ti	he year covered by	78a		V
b	If "Yes," has it filed a tax return on Form 990-T f	•			78b		
79	Was there a liquidation, dissolution, termination, of a statement	or substantial contract	ion during the ye 	ar? If "Yes," attach	79		~
80a	Is the organization related (other than by associa common membership, governing bodies, truste	es, officers, etc., to	any other exer		80a		~
b	If "Yes," enter the name of the organization ▶		<u></u>		004		
R1a	Enter direct and indirect political expenditures. (S			r □ nonexempt 0			
	Did the organization file Form 1120-POL for this		~,		81b		~

Pa	rt VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		~
b	If "Yes," you may indicate the value of these items here. Do not include this			
	amount as revenue in Part II or as an expense in Part II. (See instructions in Part III.)			
	(occ methodologia in artim)	83a	'	
	Did the organization comply with the public inspection requirements for returns and exemption applications?	83b	~	
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	84a		1
	Did the organization solicit any contributions or gifts that were not tax deductible?			
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization			
	received a waiver for proxy tax owed for the prior year.	1 1	1	
C	Dues, assessments, and similar amounts from members			ļ
d	Section 162(e) lobbying and political expenditures			ļ
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e		į	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	05-		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f			
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85:h		- 1
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 [86a]			
h	Gross receipts, included on line 12, for public use of club facilities			
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders		1	1
	Gross income from other sources. (Do not net amounts due or paid to other			
-	sources against amounts due or received from them.)	1		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or			
	partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2			
	and 301.7701-37 If "Yes," complete Part IX	88		
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ►; section 4912 ►; section 4955 ►			
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach			~
	a statement explaining each transaction	89b		
	and 000 to 10 12, 4000, and 4000			
	Enter: Amount of tax on line 89c, above, reimbursed by the organization			
	List the states with which a copy of this return is filed ▶ Statement 10			• • • • • •
	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	13		
91a	The books are in care of ► Larry Ewing Located at ► 3391 Charley Good Road, West Frankfort, IL Telephone no. ► (618)6 ZIP + 4 ► 62890-		51	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	٢	Voc	Na.
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	-	Yes	No
	account)?	91b		
	If "Yes," enter the name of the foreign country ▶			
	and Financial Accounts.		1	
c	At any time during the calendar year, did the organization maintain an office outside of the United States?	91c		
·	If "Yes," enter the name of the foreign country			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here		. •	· 🗆
	and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92			

Form 990 (2005)

Part	VII Analysis of Income-Producing	Activities (See	the instruction	s.)		
Note:	Enter gross amounts unless otherwise	Unrelated	business income	Excluded by se	ction 512, 513, or 514	(E)
ındıcat	ed.	(A) Business code	(B) Amount	(C) Exclusion cod	(D) Amount	Related or exempt function income
93	Program service revenue: Production and Distribution				 	1,162,106
а	Production and Distribution	-	-		 	1,102,100
b				 	 	
C		-	-		 	
d		- 		-	 	
e		-				
f	Medicare/Medicaid payments			 		
-	Fees and contracts from government agenci	es		<u> </u>		
94	Membership dues and assessments		-		ļ	6.470
95	Interest on savings and temporary cash investmen	nts				6,470
	Dividends and interest from securities					
97	Net rental income or (loss) from real estate:	4	-			
	debt-financed property					42.044
	not debt-financed property	l l	-		 	42,044
	Net rental income or (loss) from personal proper	ty 				
	Other investment income			 		(200)
	Gain or (loss) from sales of assets other than invento	ory				(206)
	Net income or (loss) from special events .					254 602
	Gross profit or (loss) from sales of inventory	' 	 	 -	ļ	254,692
	Other revenue: a					(626.266)
b	Change in value split interest agreements	<u> </u>		 		(626,366) 57,582
C	Other			 		37,362
d		_		 		
е	0.11.11.11.11.11.11.11.11.11.11.11.11.11			 		896,322
	Subtotal (add columns (B), (D), and (E)) Total (add line 104, columns (B), (D), and (E	"			<u></u>	896,322
	Line 105 plus line 1d, Part I, should equal th				· · · ·	030,322
Part \				noses (See ti	ne instructions)	
Line N						accomplishment
LING P	of the organization's exempt purposes (c				importantly to the	accomplianment
	Statement 11					
			 			
Part I	X Information Regarding Taxable Sul	bsidiaries and D	isregarded Enti	ties (See the	instructions.)	
	(A)	(B)	(C)		(D)	(E) End-of-year
	Name, address, and EIN of corporation, partnership, or disregarded entity	Percentage of ownership interest	Nature of a	ctivities	Total income	t:nd-of-year assets
	_	%				
		%				
		%				
		%				
Part 2	Information Regarding Transfers Ass	ociated with Per	sonal Benefit Co	ntracts (See	the instructions.)	
(b)	Did the organization, during the year, receive any funds, Did the organization, during the year, pay pro	emiums, directly o	or indirectly, on a			☐ Yes ☐ No ☐ Yes ☐ No
14018	: If "Yes" to (b), file Form 8870 and Form 4 Under penalties of penury, I declare that I have exam			hedules and etai	ements and to the bo	set of my knowledge
	and belief, it is true, correct, and complete Declarate					
Please	Charles S. E. S.	•		1	5/26/0	56
Sign	Signature of offider)ate	769
Here	Larry Ewing - Treasurer				-	
	Type or print name and title					
			Date	Check if	Preparer's SSN as	PTIN (See Gen Inst W)
Paid	Preparer's signature		50.0	self-	7	(OGG OGH HISE W)
reparer	S Firm's name (or yours)			employed ► L EIN	<u> </u>	
Jse Only	ıf self-employed), address, and ZIP + 4				no ▶ ()	
	1			1		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

2005

Employer identification number

Part I	Compensation of the Five Hig (See page 1 of the instructions.				nd ⊺rustees
(a) Name a	nd address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Moses Prin PO Box 39,	no , Thompsonville, IL 62890	- Director of Engineering	64,573		
•					
Total number of	of other employees paid over \$50,000	>			
Part II-A	Compensation of the Five Hig (See page 2 of the instructions. Li	st each one (whether indiv			
	me and address of each independent contract	(b) Type	of service	(c) Compensation	
	k of California 243, San Diego, CA 92186		Investment Mana	agement	63,876
	r of others receiving over \$50,000 for	1			
	services				
Part II-B	Compensation of the Five High (List each contractor who perfor firms. If there are none, enter "N	med services other than p	professional servi	Other Services ices, whether ind	ividuals or
(a) Na	me and address of each independent contract	or paid more than \$50,000	(b) Type	of service	(c) Compensation
•••••					
-		· · · · · · · · · · · · · · · · · · ·			
	of other contractors receiving over ther services	>			

Page	2

Pa	rt II	Statements About Activities (See page 2 of the instructions.)	Yes	No
1	att or	tempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid incurred in connection with the lobbying activities (Must equal amounts on line 38, int VI-A, or line i of Part VI-B)		,
	or	ganizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other ganizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of e lobbying activities.		
2	su wit	bstantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or the any taxable organization with which any such person is affiliated as an officer, director, trustee, majority or or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the insactions.)		
а	Sa	ale, exchange, or leasing of property?		1
b		nding of money or other extension of credit?		~
c		rnishing of goods, services, or facilities?		1
d		syment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		~
е		ansfer of any part of its income or assets?		~
3a	Do	b you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how u determine that recipients qualify to receive payments)		•
b		you have a section 403(b) annuity plan for your employees?		1
С	Du	iring the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		~
	the	d you maintain any separate account for participating donors where donors have the right to provide advice on e use or distribution of funds?		•
b	Do	you provide credit counseling, debt management, credit repair, or debt negotiation services?		~
Pa	rt I\	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)		
The	orga	anization is not a private foundation because it is. (Please check only ONE applicable box)		
5		A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).		
6		A school. Section 170(b)(1)(A)(ii). (Also complete Part V)		
7		A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).		
8		A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).		
9		A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii). Enter the hospital's n and state ▶	ame,	city,
10		An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170 (Also complete the Support Schedule in Part IV-A)	(b)(1)(A)(ıv).
11a		An organization that normally receives a substantial part of its support from a governmental unit or from the general publi 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)	ic. Se	ction
11b		A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)		
12		An organization that normally receives. (1) more than 33%% of its support from contributions, membership fees, and gross from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33%% of its from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquire organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)	its sup	pport
13		An organization that is not controlled by any disqualified persons (other than foundation managers) and supports org described in. (1) lines 5 through 12 above; or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a) the box that describes the type of supporting organization.	(2). C	
		the box that describes the type of supporting organization: Type 1 Type 2 Type 3 Provide the following information about the supported organizations. (See page 6 of the instructions.)		
		(b) Line number		
		(a) Name(s) of supported organization(s) from above		
			_	
			_	
14		An organization organized and operated to test for public safety. Section 509(a)(4), (See page 6 of the instructions.)		

	rt IV-A Support Schedule (Complete onle: You may use the worksheet in the instructions					accounting.
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15	Gifts, grants, and contributions received. (Do			,,	122	
	not include unusual grants. See line 28.)	14,671,736	12,918,511	17,236,402	13,521,717	58,348,360
16	Membership fees received			· · · · · · · · · · · · · · · · · · ·		
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	1,924,281	2,310,642	1,998,731	1,794,201	8,027,855
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	37,076	48,917	52,416	70,437	208,846
19	Net income from unrelated business activities not included in line 18,					
	·	-				
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22	Other income. Attach a schedule. Do not					
	include gain or (loss) from sale of capital assets					
23	Total of lines 15 through 22	16,633,093	15,278,070	19,287,549		66,585,067
24	Line 23 minus line 17	14,708,812	12,967,428	17,288,818		58,557,212
25	Enter 1% of line 23	166,331	152,781	192,875		
26	Organizations described on lines 10 or 11:	a Enter 2% of a	amount in columi	n (e), line 24	▶ 26a	
b	Prepare a list for your records to show the nan governmental unit or publicly supported organization.	ation) whose total	gifts for 2001 the	rough 2004 exce	eded the	
	amount shown in line 26a. Do not file this list wi	-				
	Total support for section 509(a)(1) test: Enter li				> 200	
d			19		▶ 26d	
_					· · · · —	
f	Public support (line 26c minus line 26d total) Public support percentage (line 26e (numera		 ne 26c (denomir		26f	%
27	Organizations described on line 12: a For person," prepare a list for your records to show Do not file this list with your return. Enter the	r amounts include the name of, and t	ed in lines 15, 16 otal amounts rec	5, and 17 that we	vere received from	n a "disqualified
	(2004) 185,984 (2003)	206.809	(2002)	317.048	(2001)	261,527
b	For any amount included in line 17 that was received show the name of, and amount received for each	ed from each pers	on (other than "di	squalified persons	s"), prepare a list fo	or your records to
	(Include in the list organizations described in lines is the difference between the amount received and amounts) for each year:	through 11b, as we the larger amount	ell as individuals.) described in (1) o	Do not file this list or (2), enter the su	st with your return um of these differe	. After computing nces (the excess
	(2004) 570,694 (2003)	563,540	(2002)	182,840	. (2001)	379,400
С	Add: Amounts from column (e) for lines: 15 178,027,855		21		▶ 27c	66,376,221
d	Add: Line 27a total, 971,368	and line 27b total	1,696,4	<u>74</u>	▶ 27d	2,667,842
ө	Public support (line 27c total minus line 27d to	tal)			▶ 27e	63,708,379
f	Total support for section 509(a)(2) test: Enter a					
9	Public support percentage (line 27e (numera					95.7 %
<u>h</u>	Investment income percentage (line 18, colu	mn (e) (numerato	r) divided by lin	e 27f (denomina	ator)) 🕨 27h	
28	Unusual Grants: For an organization describe prepare a list for your records to show, for each description of the nature of the grant. Do not f	ch year, the name	of the contribute	or, the date and	amount of the gr	ant, and a brief

Pa	(To be completed ONLY by schools that checked the box on line 6 in Part IV)			_
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29_	Yes	No
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions,			
	programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way			
	that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe, if "No," please explain. (If you need more space, attach a separate statement.)			1
				1
				ĺ
		}		
32	Does the organization maintain the following.			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	 	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		<u></u>
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		j
	If you are word "NI-" to any of the above places explain (If you need more energy extends a concrete statement)			
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			L _
а	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
С	Employment of faculty or administrative staff?	33c	-	
d	Scholarships or other financial assistance?	33cl	\rightarrow	
е	Educational policies?	33e		
f	Use of facilities?	331		
g	Athletic programs?	33 <u>c</u> ı		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.	1		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05			
_	of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

_		1
Pac	ae -	ŧ

_	rt VI-A Lobbying Expenditures by E	lecting Public	Charities (See	e page 9 o	f the	instructions.)	Page 3	
Che	(To be completed ONLY by an ck ▶ a ☐ if the organization belongs to an affili					d "limited control"	provisions apply.	
	Limits on Lobbyi (The term "expenditures" mea	ng Expenditur	es	•		(a) Affiliated group totals	(b) To be completed for ALL electing crganizations	
_			· · · · · · · · · · · · · · · · · · ·		36		1.5	
36	Total lobbying expenditures to influence public			• • •	37			
37	Total lobbying expenditures to influence a legi-				38			
38	Total lobbying expenditures (add lines 36 and				39			
39	Other exempt purpose expenditures							
40 41	Total exempt purpose expenditures (add lines 38 and 39)							
7:	, <u> </u>	obbying nontaxa		_				
		of the amount or						
	· · · · · · · · · · · · · · · · ·	000 plus 15% of t						
		000 plus 10% of th			41			
		000 plus 5% of the						
	Over \$17,000,000 \$1,00	•						
42	Grassroots nontaxable amount (enter 25% of	line 41)			42			
43	Subtract line 42 from line 36. Enter -0- if line 4	12 is more than lir	ne 36		43			
44	Subtract line 41 from line 38. Enter -0- if line 4	11 is more than lir	ne 38		44		l	
	Caution: If there is an amount on either line 45	3 or line 44, you i	nust file Form 47	20.				
	(Some organizations that made a section See the instructions f	or lines 45 throug	do not have to	complete all of the instr	uctions	s.)		
							1	
	Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2004	(c) 2003	_	(d) 2002	(e) Total	
45	Lobbying nontaxable amount							
46	Lobbying ceiling amount (150% of line 45(e))							
47	Total lobbying expenditures							
48	Grassroots nontaxable amount							
49	Grassroots ceiling amount (150% of line 48(e))							
50 • • •	Grassroots lobbying expenditures t VI-B Lobbying Activity by Nonelec	eting Public C	harities			<u> </u>		
	(For reporting only by organiza			Part VI-A)	See p	page 11 of the	e instructions.)	
	ng the year, did the organization attempt to influ				ding ar	Yes No	Amount	
atte	mpt to influence public opinion on a legislative n	natter or referend	um, through the	use of				
а	Volunteers					.		
b	Paid staff or management (Include compensation			c through h	.)	·		
С						•		
đ	Mailings to members, legislators, or the public					·		
е	Publications, or published or broadcast statem					.		
f	Grants to other organizations for lobbying purp Direct contact with legislators, their staffs, gov		or a logislative h	· · · ·				
9	Rallies, demonstrations, seminars, conventions					.		
h	Total lobbying expenditures (Add lines c through "Yes" to any of the above, also attach a state	gh h.)			bying a	: activities.		

				-
	٦.	^	•	-
•	-a	О	ы	•

50.10	a a,o ,	· (· 0 · · · · 000 LL)	, 2000								ayo 🕻
Pa	rt VI			ransfers To and ee page 12 of the			Relationships	With	Nonc	harit	able
51				r indirectly engage in a 01(c)(3) organizations)						d in se	ection
а	Tra	nsfers from the rep	orting organization	to a noncharitable e	empt orga	nization of:		,		Yes	No
		Cash							51a(i)		<u> </u>
	(ii)	Other assets .							a(ii)	ļ	
b	_	er transactions									•
		=		noncharitable exemp	-				<u>b(i)</u>	 	.,
				ritable exempt organiz:					b(ii) b(iii)		~
				her assets					b(iv)	1	V
	(iv)							}	b(v)		~
	(v)	-							b(vi)		~
c				ists, other assets, or p		vees .			С		~
	If th	e answer to any of ds, other assets, o	the above is "Yes," or services given by	" complete the following the reporting organian column (d) the value of	g schedule zation. If the	. Column (b) sh ne organization	nould always show received less that	n fair m			
	a)	(b)		(c)			(d)				
Line	-	Amount involved	Name of non-	charitable exempt organiza	ition	Description of	transfers, transaction	s, and sh	aring are	angeme	nts
		-		· · · · · · · · · · · · · · · · · · ·							
							· · · · · · · · · · · · · · · · · · ·				
		· · · · · · · · · · · · · · · · · · ·									
				·							
						· · · · · · · · · · · · · · · · · · ·					
	des		01(c) of the Code (affiliated with, or rela other than section 50					☐ Yes		No
	-!! -!	(a)	Tollowing Schedule	(b)			(c)				
		Name of organiz	ation	Type of organizal	tion		Description of rel	ationship			
		· · · · · · · · · · · · · · · · · · ·									
							-			-	
			···								
				}	}						

#37-1179056

Statement 12 Schedule A, Part IV-A, Line 27A Payments From Disqualified Persons

Disqualified Person	2004	2003	2002	2001
		200	1,064	1,565
	4,200	5,472	1,001	1,000
	3,000	1,002		
	80,000			
		136,000	238,000	165,000
	77,501	60,000	55,000	60,000
	10,000		10,564	26,000
	350	1,100	2,800	1,300
	25			203
	2,417	2,585		
	7,960		9,310	6,609
	531	450	310	850
	185,984	206,809	317,048	261,527

Statement 13 Schedule A, Part IV-A, Line 27B Payments From Nondisqualified Persons

Nondisqualified Person	2004	2003	2002	2001
	324,294	226,500	<u>-</u>	
		154,200	_	213,400
	246,400	182,840	182,840	166,000
	570,694	563,540	182,840	379,400

Note: Do not send this page out with 990 or copy requests!

#37-1179056

10,349

1,122

Statement 1 Form 990, Part I, Line 8 Net Gain (Loss) form Noninventory Sales

Publicly Traded Securities

Description. Date Acquired: How Acquired. Date Sold: To Whom Sold	Securities Various Purchased or Donated Various Market Shares - Unknown
Gross Sales Price	50,397
Cost Basis	51,725
Loss on Sale	(1,328)

Other Assets

Cost Basis

Loss on Sale

Description.	Capital Assets
Date Acquired:	Various
How Acquired:	Purchased or Donated
Date Sold:	Various
To Whom Sold	Various
Gross Sales Price	11,471

#37-1179056

Statement 2 Form 990, Part II, Line 43 Other Expenses

·		Program	Management	
Other Expenses	Total	Services	& General	Fundraising
			= 4	
Advertising and Promotion	74,836		74,836	
Bank Charges	74,456		74,456	
Broadcasting	134,135	134,135		
Cable Promotion	7,266	7,266		
Camp Meeting	43,287		43,287	
Cost of Goods Given Away	605,744	605,744		
Contract Labor	179,409	179,409		
Donations	216,636		216,636	
Dues and Registration	41,892	41,892		
Insurance	390,950		390,950	
Inventory Write-down		278,700		
Miscellaneous	35,783		35,783	
Music Production	58,375	58,375		
Special Projects	535,883	498,883	37,000	
Trust	148,423		148,423	
	2,825,775	1,804,404	1,021,371	

Statement 3 Form 990, Part IV, Line 55 Land, Buildings and Equipment

Land held in Charitable Remainder Unitrusts

3,120,000

Statement 4
Form 990, Part IV, Line 57
Land, Buildings and Equipment

Asset	Cost	Accum Deprec.	Net Book Value
Buildings	6,600,103	917,355	5,682,748
Land	855,813		855,813
Land Improvements	491,697	88,440	403,257
Machinery & Equipment	19,268,904	13,258,720	6,010,184
Vehicles	1,414,309	1,341,238	73,071
Construction in Progress	542,629		542,629
-	29,173,455	15,605,753	13,567,702

#37-1179056

Statement 5		
Form 990 Part IV, Line 58		
Other Assets		

Deposits Annuities Trusts	813,877 12,551,006 22,214,079 35,578,962
Statement 6 Form 990 Part IV, Line 65 Other Liabilities	
Annuities Liabilities under Unitrust Agreements Revocable Trust Liabilities	12,602,521 1,698,669 22,214,079 36,515,269
Statement 7 Form 990 Part IV-A, Line B(4) Other Amounts	
Cost of Goods Sold - Satelites Rental Expenses	609,669 2,757 612,426
Statement 8 Form 990 Part IV-B, Line B(4) Other Amounts	
Cost of Goods Sold - Satelites Rental Expenses	609,669 2,757 612,426

#37-1179056

Statement 9
Form 990, Part V-A
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title & Avg Hrs/Wk	Comp.	Employee Benefits	Expense Account	
Dr. Walter Thompson 174 Fox Borough Burr Ridge, IL 60521	Chairman None	0	(0	0
Kenneth Denslow 619 Plainfield Rd., 3rd Floor Willowbrook, IL 60521-5381	Director None	0	(0	0
May Chung 155 Manchester Lane San Bernardino, CA 92408	Director None	0	(0	0
Larry Ewing PO Box 75 Thompsonville, IL 62890	Treasurer 40 hrs/wk	68,365			
Merlin Fjarlı 670 Mason Way Medford, OR 97501	Director None	0	(0	0
Bill Hulsey PO Box 596 Collegedale, TN 37315	Director None	0	(0	0
Ellsworth McKee PO Box 750 Collegedale, TN 37315	Director None	0	(0	0
Wintley Phipps PO Box 8008 Vero Beach, FL 32963	Director None	0	(0	0
Danny Shelton 2954 New Lake Road West Frankfort, IL 62896	President Director 40 hrs/wk	70,944			

#37-1179056

Statement 9
Form 990, Part V (Continued)
List of Officers, Directors, Trustees, and Key Employees

Mollie Steenson 400 E. 9th Street Johnston City, IL 62951	Secretary Director 40 hrs/wk	56,729		
Carmelita Troy 4024 Ronda Rd Pebble Beach, CA 93953	Director None	0	0	0
Larry Welch 715 S Mulkey Christopher, IL 62822	Director 40 hrs/wk	40,989	0	0
•	=	237,027		

Statement 10 Form 990, Part V, Line 90A List of States Which This Return is Filed California Illinois

Statement 11 Form 990, Part VII

Oregon

Line #

Relationship of Activities to the Accomplishment of Exempt Purposes

93	Payment for airtime & production of certain religious programming
95	Interest income is used to help offset general operating expenses
97	Rental income is used to help offset general operating expenses
102	Sale of satellite dishes to enable velwers to receive programming
103c	Other income is used to help offset general operating expenses

Explanation of Activities