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orm **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

2007
20pen to Public linspection.

	ΑI	For the 20	007 calendar year, or tax year beginning	and ending			
2012	В	Check if applicable	Please use IRS			D Employer ident	ification number
		Address	1)			54-137	5229
9		Name change	type Number and street (or P.O. hox if mail is not delivered to street address)		Room/suite	E Telephone num	
7		Initial return	Specific P.O. BOX 1867			276-67	6-3806
JUN		Termin- ation	instruc- tions City or town, state or country, and ZIP + 4			F Accounting method	Cash X Accrual
_		Amende return	ABINGDON, VA 24212-1867			Other (specify)	
2012 ENVELOPE	: □	Applicat pending	contain of italy of organizations and it is (a)(i) nonexempt onaniable trae	ts H and	l are not app	licable to section	527 organizations
E -	į		must attach a completed Schedule A (Form 990 or 990-EZ)	H(a) 19	s this a group r	eturn for affiliates?	Yes X No
E C	<u> </u>		▶WWW.LIVINGFAITHTV.COM	H(b) II	"Yes," enter nu	umber of affiliates	
NA S	<u>J</u>		tion type (check only one) X 501(c) (3) (insert no) 4947(a)(1) or		re all affiliates If "No," attach a		AYesNo
	3,K (Check he	,,,,	^{is} H(d) is	s this a separat	e return filed by an	or-
20,	ו ולב	-	are normally not more than \$25,000. A return is not required, but if the organization	_		red by a group rulii	
∞		cnooses 1	to file a return, be sure to file a complete return.		roup Exemption		N/A
8		0	Add base Ch. Ob. Ob. and 40b to brea 40.			-	is not required to attach
SS			eipts: Add lines 6b, 8b, 9b, and 10b to line 12 ► 2,105,90 Revenue, Expenses, and Changes in Net Assets or Fund		cii. B (Form 98	90, 990-EZ, or 990	<u> </u>
=======================================				Dalances	-	1 1981	·
,	STATUTE CLEARED	1 1	Contributions, gifts, grants, and similar amounts received: Contributions to donor advised funds	10			
5	3	a b	Direct public support (not included on line 1a)	1a 1b 1	L,288,0	45	
}	7	C	Indirect public support (not included on line 1a)	1c	1,200,0	<u></u>	
,	Щ	d	Government contributions (grants) (not included on line 1a)	1d	STATUTE	LINIT	
	5	e	Total (add lines 1a through 1d) (cash \$ 1,288,045. noncash \$	10)	RECE	VED 1e	1,288,045.
ŀ	Z	2	Program service revenue including government fees and contracts (from Part VII, lin	e 93)		2	810,933.
	SO.	3	Membership dues and assessments	,	JUN 26	2049 3	
		4	Interest on savings and temporary cash investments			4_	6,928.
		5	Dividends and interest from securities Gross rents Less: rental expenses	ACU	CUNIS MA	VAGEMENT	
		6 a	Gross rents	6a Barre	OGDÉ	N	
		b	Less: rental expenses	6b			
	ā	С	Net rental income or (loss). Subtract line 6b from line 6a			6c	
	Revenue	7	Other investment income (describe) 7	
	Be	8 a	Gross amount from sales of assets other (A) Securities		(B) Other	* **	
			than inventory	8a			
			Less: cost or other basis and sales expenses Gain or (loss) (attach schedule)	8b 8c		· ,	
		C d	Net gain or (loss). Combine line 8c, columns (A) and (B)	00		8d	
		9	Special events and activities (attach schedule). If any amount is from gaming, check	here 🕨		× '2\$*	
~		a	Gross revenue (not including \$ of contributions reported on line 1b)	9a	·) <u>/ / *</u>	
2012		b	Less: direct expenses other than fundraising expenses	9b			
7		С	Net income or (loss) from special events. Subtract line 9b from line 9a			9с	
 ==		10 a	Gross sales of inventory, less returns and allowances	10a		33.5	
		b	Less: cost of goods sold	10b			
1		С	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from	m line 10a		10c	. <u>.</u>
		11	Other revenue (from Part VII, line 103)			11	
Щ		12	Total revenue . Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12	2,105,906.
SCANNED	Ó	13	Program services (from line 44, column (B))			13	1,036,346.
A	Expenses	14	Management and general (from line 44, column (C))			14	453,432.
$S_{\rm c}$	ĝ	15	Fundraising (from line 44, column (D))			15	700,265.
90	Ω	1	Payments to affiliates (attach schedule)			16	2 100 042
		17	Total expenses. Add lines 16 and 44, column (A)			17	2,190,043.
	Ų.	18	Excess or (deficit) for the year. Subtract line 17 from line 12			18	<u>-84,137.</u>
	Net Assets	19 20	Net assets or fund balances at beginning of year (from line 73, column (A)) Other changes in net assets or fund balances (attach explanation)			19	2,537,124.
	ď	20	Other changes in net assets or fund balances (attach explanation) Net assets or fund balances at end of year. Combine lines 18, 19, and 20			20	0. 2,452,987.
	7000		not assets of futio balances at end of year. Combine lines 10, 13, and 20			21	4,434,98/.

3-17

Form 990 (2007) LIVING FAITH MINISTRIES, INC. Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

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
22a Grants paid from donor advised funds					1. 20 Miles 1.
(attach schedule)					
(cash \$ 0 • noncash \$ 0 •					
If this amount includes foreign grants, check here	22a				
22b Other grants and allocations (attach schedule	(
(cash \$ 0 • noncash \$ 0 •					
If this amount includes foreign grants, check here	22b				
23 Specific assistance to individuals (attach					
schedule)	23				
24 Benefits paid to or for members (attach					
schedule)	24				
25a Compensation of current officers, directors, key]				
employees, etc. listed in Part V-A	25a	194,723.	105, <u>278.</u>	62,240.	27,205.
b Compensation of former officers, directors, key	1 1				
employees, etc. listed in Part V-B	25b	0.	0.	0.	0.
c Compensation and other distributions, not included					
above, to disqualified persons (as defined under	Ιİ				
section 4958(f)(1)) and persons described in					
section 4958(c)(3)(B)	25c			<u> </u>	
26 Salaries and wages of employees not					
included on lines 25a, b, and c	26	221,962.	<u> 166,546.</u>	44,028.	11,388.
27 Pension plan contributions not included on					
lines 25a, b, and c	27				
28 Employee benefits not included on lines	1				
25a - 27	28				
29 Payroll taxes	29	38,308.	<u> 29,37</u> 8.	5,722.	3,208.
30 Professional fundraising fees	30				
31 Accounting fees	31	12,050.		12,050.	 _
32 Legal fees	32	32,729.		32,729.	
33 Supplies	33				
34 Telephone	34	25,770.	2,577.	11,597.	11,596.
35 Postage and shipping	35	27,457.		27,457.	L
36 Occupancy	36	206,708.	188,504.	3,110.	15,094.
37 Equipment rental and maintenance	37	25,483.		25,483.	
38 Printing and publications	38				
39 Travel	39	9,085.	·	9,085.	
40 Conferences, conventions, and meetings	40				
41 Interest	41	978.		978.	15 040
42 Depreciation, depletion, etc (attach schedule)	42	320,951.	297,882.	7,021.	16,048.
43 Other expenses not covered above (itemize)					
a	43a				
b	43b			<u>. </u>	
C	43c				
d	43d				<u> </u>
e	43e			· _	
CUID COMA MIDACIDAM 1	43f	1 072 020	246 101	211 022	C1F 70C
g SEE STATEMENT 1	43g	1,073,839.	246,181.	211,932.	615,726.
44 Total functional expenses Add lines 22a through					
43g. (Organizations completing columns (B)-(D),	ا 🛴	2 100 042	1 026 246	\ \AE2 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	700 265
carry these totals to lines 13-15)	44	2,190,043.	1,036,346.	453,432.	700,265.
Joint Costs. Check ▶ ☐ If you are following				o ⊾ Γ	
Are any joint costs from a combined educational campai			• •		Yes X No
If "Yes," enter (i) the aggregate amount of these joint cos	is \$ _		i) the amount allocated to		<u>N/A</u> ;
(iii) the amount allocated to Management and general \$		N/A ; and (i	v) the amount allocated to	rungraising \$	<u> N/A</u>

Part III Statement of Program Service Accomplishments (See the instructions)

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.

Wh	nat is the organization's primary exempt purpose? ► <u>SEE STATEMENT 2</u>	Program Service Expenses						
clie	All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)							
а	BROADCASTING THROUGH THE MEDIA OF TELEVISION PROGRAMMING THAT PROMOTES THE GOSPEL OF JESUS CHRIST.							
b	(Grants and allocations \$) If this amount includes foreign grants, check here ► □ PROGRAMMING TO PROMOTE BIBICAL PRINCIPLES OF THE GOSPEL OF JESUS CHRIST TO HOSPITALS, JAILS AND PRISONS.	104,350.						
С	(Grants and allocations \$) If this amount includes foreign grants, check here ► □ BROADCASTING TO 1.6 MILLION HOMES WITH CHRISTIAN PROGRAMMING INCLUDING MUSIC, EDUCATION AND TEACHING OF BIBICAL PRINCIPLES.	104,350.						
d	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □ PROGRAMMING BASED UPON THE IDEALS OF FREEDOM OF WORSHIP.	782,621.						
	(Grants and allocations \$) If this amount includes foreign grants, check here Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	45,025. 1,036,346.						
		Form 990 (2007)						

Part IV Balance Sheets (See the instructions) Note: Where required, attached schedules and amounts within the description column (A) Beginning of year (**B**) End of year should be for end-of-year amounts only. 119,838. 160,287. 45 45 Cash - non-interest-bearing 303,428. 310,187. 46 Savings and temporary cash investments 46 26,954. 47 a Accounts receivable 47a b Less allowance for doubtful accounts 47b 17,189. 47c 26,954. 569,403 48 a Pledges receivable 48a 475,643. 569,403. b Less allowance for doubtful accounts 48b 48c 49 Grants receivable 49 50 a Receivables from current and former officers, directors, trustees, and key employees 50a b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 50b Assets 51 a Other notes and loans receivable 51a **b** Less: allowance for doubtful accounts 51b 51c 52 Inventories for sale or use 52 10,753. 2,873. 53 Prepaid expenses and deferred charges 53 54 a Investments - publicly-traded securities Cost FMV 54a Cost _ FMV b Investments - other securities 54b 55 a Investments - land, buildings, and Per -55a 5,747,161 equipment basis w. 4,718,508. 1,227,562. 1,028,653. 55b b Less accumulated depreciation 55c 56 56 Investments - other 57 a Land, buildings, and equipment: basis 57a * // 57b 57c b Less accumulated depreciation 58 Other assets, including program-related investments 435,815. 435,815. SEE STATEMENT 3 (describe 58 2,590,228. 534.172. 59 Total assets (must equal line 74) Add lines 45 through 58 59 40,200. 36.412 60 Accounts payable and accrued expenses 60 61 Grants payable 61 62 Deferred revenue 62 Liabilities 63 63 Loans from officers, directors, trustees, and key employees 64 a Tax-exempt bond liabilities 64a 12,904. 44,773. b Mortgages and other notes payable 64b Other liabilities (describe 65 Total liabilities. Add lines 60 through 65 53,104. 81,185. 66 III. Organizations that follow SFAS 117, check here

X and complete lines 67 through 69 and lines 73 and 74 Fund Balances 67 2,061,481. 1,883,584. Unrestricted 67 475,643. 569,403. 68 Temporarily restricted 68 Permanently restricted 69 Organizations that do not follow SFAS 117, check here and complete lines 70 through 74. Net Assets or 70 70 Capital stock, trust principal, or current funds 71 Paid-in or capital surplus, or land, building, and equipment fund 71 72 72 Retained earnings, endowment, accumulated income, or other funds 73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. 2,537,124 <u>2,452,98</u>7. (Column (A) must equal line 19 and column (B) must equal line 21) 73 2,590,228 2,534,172. Total liabilities and net assets/fund balances. Add lines 66 and 73 74

Form !	990 (2	20 Ω 7)
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Part IV-A Reconciliation of Revenue per Audited Final Instructions)	ancial Statements W	ith Revenue p	er Return (Se	
Total revenue, gains, and other support per audited financial statem.	onte		a	N/A
	CIIIS		, i	
1 Net unrealized gains on investments		ь1		
	F	b2	200	
	F	b3	* ´` ` 4 _%	
Recoveries of prior year grants	<u> </u>	b4		
4 Other (specify)		ַניים	b	
Add lines b1 through b4			C C	
Subtract line b from line a			*	
d Amounts included on Part I, line 12, but not on line a:		اءد	\$3	
1 Investment expenses not included on Part I, line 6b		d1		
2 Other (specify)		d2		
Add lines d1 and d2			d	
e Total revenue (Part I, line 12) Add lines c and d Pairt IV B Reconciliation of Expenses per Audited Fin	nancial Statements \	With Expenses	per Return	
a Total expenses and losses per audited financial statements			а	N/A
b Amounts included on line a but not on Part I, line 17	,		-7%)	
1 Donated services and use of facilities		b1		
2 Prior year adjustments reported on Part I, line 20		b2		
3 Losses reported on Part I, line 20		b3		
4 Other (specify)	Ī	b4		
Add lines b1 through b4			b	
c Subtract line b from line a			С	
d Amounts included on Part I, line 17, but not on line a:			,,	
1 Investment expenses not included on Part I, line 6b		d1		
2 Other (specify)	F .	d2		
Add lines d1 and d2	\ <u></u>		d	
e Total expenses (Part I, line 17). Add lines c and d			▶ e	
*Part V-A Current Officers, Directors, Trustees, and K	Ley Employees (List ea	ach person who wa	s an officer, dire	ctor, trustee,
or key employee at any time during the year even if they w				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	other elleweness
MICHAEL D SMITH	PRESIDENT/DI	RECTOR		
25260 WHITERIDGE DRIVE				
ABINGDON, VA 24211	50.00	0.	0.	0.
LISA SMITH	TREASURER			
25260 WHITERIDGE DRIVE				
ABINGDON, VA 24211	40.00	0.	0.	0.
REV. JAMES SMITH				
406 FOURSOME BUFFALO ROAD				
HAZARD, KY 41701	1.00	0.	0.	0.
ALAN WARD				
HC 67 BOX 108				
PILGRIMS KNOB, VA 24634	1.00	0.	0.	0.
MIKE JENKINS	DIRECTOR			
P.O. BOX 2867	. [
ABINGDON, VA 24212	1.00	0.	0.	0.
		 		
· · · · · · · · · · · · · · · · · · ·				
				-
	.			

	990 (2007) LIVING FAITH MINISTRI	ES, INC.		<u>54-13752</u>		Page 6
	rttv-A Current Officers, Directors, Trustees, and Ke				Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted	to vote on organization bu	siness at board	_ "		
	meetings		▶	6		
b	Are any officers, directors, trustees, or key employees listed in Form					
	listed in Schedule A, Part I, or highest compensated professional an					
	Part II-A or II-B, related to each other through family or business relative individuals and explains the relationship(s)	tionsnips? if "Yes," attach	a statement that is		75.2	U V
				72.	75b	
C	Do any officers, directors, trustees, or key employees listed in Form					
	listed in Schedule A, Part I, or highest compensated professional an Part II-A or II-B, receive compensation from any other organizations,					
	organization? See the instructions for the definition of "related organ		abio, mar are rotat		75 c	X
	If "Yes," attach a statement that includes the information described	in the instructions		** ***	S N	100
d	Does the organization have a written conflict of interest policy?				75 d	X
Pa	Former Officers, Directors, Trustees, and Ke					
	Benefits (If any former officer, director, trustee, or key er the year, list that person below and enter the amount of co					
	the year, list that person below and enter the amount of co	Imperisation of other benef	(C) Compensation		(E) Exp	
	(A) Name and address	(B) Loans and Advances	(if not paid,	employee benefit plans & deferred	accoun	t and
	NONE		enter -0-)	compensation plans	other allow	<u>wances</u>
					 	
					[
					ĺ	
				 	<u> </u>	
				,		
					-	
]	
Pai	Other Information (See the instructions.)				Yes	No
76	Did the organization make a change in its activities or methods of co	nducting activities? If "Yes	s," attach a detaile	d 🖔	300	777 777
	statement of each change				76	X
77	Were any changes made in the organizing or governing documents \boldsymbol{l}	out not reported to the IRS	5?		77	X
	If "Yes," attach a conformed copy of the changes			25		
	Did the organization have unrelated business gross income of \$1,00	0 or more during the year o	covered by this ret		'8a	X
	If "Yes," has it filed a tax return on Form 990-T for this year?				'8b	
79	Was there a liquidation, dissolution, termination, or substantial contribution or substantial contribution of substantial contributions and substantial contributions are substantial contributions.			333	79	X
ou a	Is the organization related (other than by association with a statewid membership, governing bodies, trustees, officers, etc., to any other	•	, ,	1 :	115	
b	If "Yes," enter the name of the organization N/A	evembr or nonexembr ords	iriizatiOH /	8	30a	
U	11/A	and check whether it is	exempt or	nonexempt		
81 a	Enter direct and indirect political expenditures (See line 81 instruction			0 .		
b	Did the organization file Form 1120-POL for this year?		U14		11b	X
-			=		orm 990	(2007)

Form	990 (2007) LIVING FAITH MINISTRIES, INC.	54-1375	<u> 5229</u>		age 7
Pa	TEVI Other Information (continued)			Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge of	r at substantially			
	less than fair rental value?		82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this		200 COM		
	amount as revenue in Part I or as an expense in Part II				
	(See instructions in Part III)	N/A			~ ~ \$ h.
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications	?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		83b	Х	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		84a		X
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions of	r gifts were not	Yang T		
	tax deductible?	N/A	84b		
85 a	501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?	N/A	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	85b	1000 N. 100	\$ \$0 x 30 x 5 x
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization	n received a			
	waiver for proxy tax owed for the prior year			100	
C	Dues, assessments, and similar amounts from members	<u> </u>			
d	Section 162(e) lobbying and political expenditures	N/A			9
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e	N/A		100	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f	N/A	J		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	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	37/3			
	following tax year?	N/A	85h		bakk-V
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on	37 / 3			
	line 12 86a	N/A		green manage	
D 07	Gross receipts, included on line 12, for public use of club facilities 86b	N/A N/A		* * * * * * * * * * * * * * * * * * * *	
87	501(c)(12) organizations Enter a Gross income from members or shareholders 87a	N/A		*	* *,
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b	N/A	-	10 mg.	
88 a	against amounts due or received from them.) At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or p		┤ॅं, ¹		
ου α	or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301	•			
	If "Yes," complete Part IX	.7701-31	88a	* 3 <i>\tau</i>	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the me	eaning of	- 004		
_	section 512(b)(13)? If "Yes," complete Part XI	Aumig of	88b		Х
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under	_	,		
	section 4911▶	0.			
b	501(c)(3) and 501(c)(4) organizations 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?			- ·	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	If "Yes," attach a statement explaining each transaction		89b		X
C	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under		**	7.4	
	sections 4912, 4955, and 4958	0.	7,		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization	0.	å:		. 1
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter tra	nsaction?	89e		_X_
f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contra	ct?	89f		_X_
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the support			الأساطات	~~ - ^ ~ ~
	or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year	ear?	89g		X_
90 a	List the states with which a copy of this return is filed ►VA				
þ	Number of employees employed in the pay period that includes March 12, 2007	90b			<u>11</u>
91 a		no.▶ <u>276-67</u>			
	Located at ► P. O. BOX 1867, ABINGDON, VA	ZIP + 4 ▶ <u>2</u>	<u> 421</u>		N-
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			Yes	
	a financial account in a foreign country (such as a bank account, securities account, or other financial acco	unt)?	91b		X
	If "Yes," enter the name of the foreign country ► N/A				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank		4	Maria	1
	and Financial Accounts		1.200	politico (S. Commercial

Form			<u>MINIS</u>	TRIES, INC.		54-	<u> 1375229</u>	Page 8
Pa	rt-VI Other Information (cont	tınued)						Yes No
C	At any time during the calendar year,	did the organ	nization mair	itain an office outside of	f the Ur	nited States?	91c	<u> </u>
	If "Yes," enter the name of the foreign	n country 🕨		N/A				
92	Section 4947(a)(1) nonexempt charita	able trusts filir	ng Form 990	<i>in lieu of</i> Form 1041 - C	heck h			
	and enter the amount of tax-exempt i					92	N/ <i>P</i>	<u> </u>
₽ã	rt VII Analysis of Income-Pr	roducing A						
Not	e: Enter gross amounts unless otherwi	se		ed business income	(C)	ded by section 512, 513, or 514	(E)	
ındı	cated		(A) Business	(B) Amount	Exclu-	(D) Amount	Related or e	•
93	Program service revenue		code		sion code	7 11100111	function in	
а	RELIGIOUS PROGRAMS		515100				699	<u>9,177.</u>
b	COMMERCIAL ADVERTIS	<u>SING</u>	<u>515100</u>	111,756.	<u> </u>			
C					ļ			
đ								
е								
f	Medicare/Medicaid payments							
g	Fees and contracts from government	agencies			-			
94	Membership dues and assessments			-			1	
95	Interest on savings and temporary cash inv	estments/			14	6,928.		
96	Dividends and interest from securities		WAY 2000 / 27005. 2000000	***************************************				5
97	Net rental income or (loss) from real es	state [.]	Story . "man in year		*			· with
а	debt-financed property							
b	not debt-financed property			<u> </u>				
98	Net rental income or (loss) from person	nal property					ļ	
99	Other investment income							
100	Gain or (loss) from sales of assets							
	other than inventory							
101	Net income or (loss) from special even	nts						
102	Gross profit or (loss) from sales of inve	entory						
103	Other revenue							
a								
þ							 	
C								
d					-			
е			03, ° . a	444 756	728800000	6 000	604	
	Subtotal (add columns (B), (D), and (E)			111,756	•	6,928.		9,177 <u>.</u>
	Total (add line 104, columns (B), (D), a			0.0.11		>	81	<u>7,861.</u>
	e: Line 105 plus line 1e, Part I, should e				- D	manan (0 11 1 1 1 1		
	Relationship of Activity							
	Explain how each activity for which				d impor	tantly to the accomplishment	of the organizatio	in's
	exempt purposes (other than by pr				DDI	A MUD MO MUD O		
93								<u>. E</u>
93								mu v m
93							KITSEKS	TUAT
93:	B ENHANCE THE STYLE rt IX Information Regarding						ne l	
şF,a	(A)	(B)		(C)	ica Li	(D)	(E)	
Na	ame, address, and EIN of corporation,	Percentage of		Nature of activities		Total income	End-of-v	year
	partnership, or disregarded entity ov	wnership intere	- 1				asset	<u>.s</u>
	DT / 7	· ·	%				 	
	N/A	<u>-</u>	_					
			%					
.P∽	rt:X Information Regarding	a Transfer	% 's Associa	ted with Persona	Ren	efit Contracts (See the	e instructions)	
		-						X No
٠,	Did the organization, during the year, rece	-					└── Yes	X No
	Did the organization, during the year, pay				ontract	•	Yes	LAL NO
_No	ote: If "Yes" to (b), file Form 8870 and I	-orm 4/20 (se	e instruction	ns)			F	000 (0007)
							Form :	990 (2007)

Form 990 (2007)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

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.)

OMB No. 1545-0047

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ Internal Revenue Service Name of the organization Employer identification number 54 1375229 LIVING FAITH MINISTRIES, INC. Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 1 of the instructions. List each one. If there are none, enter "None.") (b) Title and average hours (d) Contributions to (a) Name and address of each employee paid employee benefit plans & deferred (c) Compensation per week devoted to account and other more than \$50,000 position compensation allowances MICHAEL D. SMITH PRESIDENT, CEO 25260 WHITERIDGE DRIVE, ABINGDON, 50.00 MARY L SMITH 5 BOX 532, 40.00 GRUNDY, VA LISA C. SMITH SEC - TREAS 25260 WHITERIDGE DRIVE, ABINGDON, 50.00 CAROL HOWINGTON P O BOX 512, POUNDING MILL, VA 24637 40.00 DENISE MCGEORGE O BOX 787, GRUNDY, VA 24614 40.00 Total number of other employees paid July South Comment over \$50,000 0 Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.") (a) Name and address of each independent contractor paid more than \$50,000 (c) Compensation (b) Type of service NONE Total number of others receiving over \$50,000 for professional services 0 Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE

Total number of other contractors receiving over

\$50,000 for other services

0

c Did the organization make a distribution to a donor, donor advisor, or related person?

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year

g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year

f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on

line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts

d Enter the total number of donor advised funds owned at the end of the tax year

Schedule A (Form 990 or 990-EZ) 2007

4c

0

0.

0.

0.

N/A

Part IV Reason for Non-Private Foundation Sta	atus (See pages 4 th	rough 8 of the instruction	ns.)					
certify that the organization is not a private foundation because it is: (Ple A church, convention of churches, or association of churches A school. Section 170(b)(1)(A)(ii). (Also complete Part V A hospital or a cooperative hospital service organization. A federal, state, or local government or governmental unit A medical research organization operated in conjunction v and state An organization operated for the benefit of a college or un (Also complete the Support Schedule in Part IV-A.) An organization that normally receives a substantial part Section 170(b)(1)(A)(vi). (Also complete the Support Sci A community trust. Section 170(b)(1)(A)(vi). (Also complete An organization that normally receives: (1) more than 33	A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i). A school. Section 170(b)(1)(A)(ii). (Also complete Part V) A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(ii). A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v). A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.) An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross							
receipts from activities related to its charitable, etc., function its support from gross investment income and unrelated by the organization after June 30, 1975. See section 509 An organization that is not controlled by any disqualified properties of support type I Type II Type II	rom activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of rt from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired ganization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.) ization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section check the box that describes the type of supporting organization: pe I Type III Type III-Functionally Integrated Type III-Other Provide the following information about the supported organizations (See page 8 of the instructions.) (a) (b) (c) (d) (e)							
LIVING FAITH BROADCASTING, INC.2	0-1680481	12	Yes	No X	220,142.			
Total				>	220,142.			

Pa	Support Schedule (C	Complete only if you che he worksheet in the insti	ecked a box on line 10	, 11, or 12.) Use cash	method of accountile cash method of account	ng. ounting
Cale	ndar year (or fiscal year		(b) 2005	(c) 2004		(e) Total
26911 15	nning in) Gifts, grants, and contributions	(a) 2006	(a) 2005	(C) 2004	(d) 2003	(e) Total
10	received. (Do not include unusual grants. See line 28.)	1,393,664.	1,354,243.	1,443,694.	1,590,546.	5,782,147.
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	676,123.	716,318.	633,734.	450,944.	2,477,119.
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975		6,111.	3,259.	4,608.	20,631.
19	Net income from unrelated busines	s				
	activities not included in line 18		41,556.	80,410.	100,422.	222,388.
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	2,076,440.	2,118,228.	2,161,097.	2,146,520.	
24	Line 23 minus line 17	1,400,317.	1,401,910.			
25	Enter 1% of line 23	20,764.	21,182.	21,611.	21,465.	
26	Organizations described on lines		• • •		► 26a	120,503.
b	Prepare a list for your records to sh unit or publicly supported organizat Do not file this list with your return	tion) whose total gifts for 2 n Enter the total of all thes	2003 through 2006 excee se excess amounts	,	line 26a.	0.
C	Total support for section 509(a)(1)		· ·	222 20	► 26c	6,025,166.
	Add: Amounts from column (e) for	22	20,631. 19 26b	222,38	▶ 26d	243,019.
e	Public support (line 26c minus line	•	P 00- (1		26e	5,782,147.
<u>T</u> 27	Public support percentage (line 26 Organizations described on line 13				► 26f	95.9666%
-1	records to show the name of, and to such amounts for each year:	otal amounts received in ea $\mathbf{N/A}$	ach year from, each "disq	ualified person." Do not fi	le this list with your retu	
b	(2006) For any amount included in line 17	(2005)	•	004)	(2003)	to chow the name of
•	and amount received for each year, described in lines 5 through 11b, as the larger amount described in (1) (2006)	that was more than the land swell as individuals.) Do n o	rger of (1) the amount or ot file this list with your ese differences (the exces	n line 25 for the year or (2 return After computing t) \$5,000. (Include in the he difference between the	list organizations
c		• •		•		
•	, ,			21	▶ 27c	N/A
d		an	d line 27b total		▶ 27d	N/A
е	Public support (line 27c total minus	s line 27d total)			▶ 27e	N/A
f	Total support for section 509(a)(2)	test: Enter amount on line	23, column (e)	► 27f	<u>N/A</u> ≰,	The state of the
g	Public support percentage (line 27				▶ 27g	N/A %
<u>h</u>	Investment income percentage (li				▶ 27h	N/A %
28 l	Unusual Grants: For an organization of	described in line 10, 11, or	12 that received any unu	suai grants during 2003 i	inrough 2006, prepare a	list for your records to

show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

NONE

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29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		Yes	No
	instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues,	#	w.	
	and other written communications with the public dealing with student admissions, programs, and scholarships?	30	3070003~6 746	~
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of	427	£*****52	6.40
	solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known	***.		33
	to all parts of the general community it serves?	31	3	-6.
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement)	J. 104	اردوجج	i re
	The state of the s	21 /	. 3	
			300	
			#735 % ************************************	
		— ^{*,} ,	1. 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
32	Does the organization maintain the following:			1
a		32a	2,720	J.m. 1884.C
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	 	_
C		920		
U	admissions, programs, and scholarships?	32c		
d		32d		
u	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	32u	85°3', 41	200
	in you answered two to any or the above, please explain. (If you need more space, attach a separate statement.)	3,	* **	
		* 🐉	1 1	1. S.
33	Does the organization discriminate by race in any way with respect to:			39
	Does the organization discriminate by race in any way with respect to: Students' rights or privileges?	33a	200 A.W.	\$2000 M
a	Admissions policies?			-
b	Employment of faculty or administrative staff?	33b 33c		
C				-
ď	Scholarships or other financial assistance? Educational policies?	33d		
e f	Use of facilities?	33e 33f		
-	Athletic programs?			
g h		33g		
"		33h	3 : 40	24 - 1 N
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			熟料
		— [# ³ ***	767	1 45 70 8
		— Î, .	^ `	
04.	Does the expensation receive any francoin and or equatories from a covernmental economy	— ? ⁽ * [~	′ -	*
34 a	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		*3., e-` *
35	If you answered "Yes" to either 34a or b, please explain using an attached statement. Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4.05 of Rev. Proc. 75-50,		,	791.5
	1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	0.5		
	1010 2 0.0. 001, 0010 mg radia nondidennination. Il 140, attach an explanation	35		

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Page 6

·Ρ		itures by Electing Pu y an eligible organization that f	•	ee page 11 of	the instructions.)	N/A
Che		igs to an affiliated group	Check ▶ b □	ıf you ched	cked "a" and "limited control"	provisions apply.
	Limits or	Lobbying Expenditu			(a) Affiliated group totals	(b) To be completed for all electing organizations
36	Total lobbying expenditures to influence	e public opinion (grassroots lol	bbvina)	36	N/A	
37	Total lobbying expenditures to influence			37		
38	Total lobbying expenditures (add lines 3	36 and 37)	,	38		
39	Other exempt purpose expenditures			39		
40	Total exempt purpose expenditures (ad-	d lines 38 and 39)		40		
41	Lobbying nontaxable amount. Enter the	amount from the following tab	ole -	, n		CANCELL AND COLOR
	If the amount on line 40 is -	The lobbying nontaxabl	le amount is -			
	Not over \$500,000	20% of the amount on line 40	ס	30		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the ex	cess over \$500,000			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the ex	cess over \$1,000,000	41	No. 10 P. 40 P. 40 P. 40 P. 10	11
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the exc	ess over \$1,500,000	- X-40		
	Over \$17,000,000	\$1,000,000		100 h		
42	Grassroots nontaxable amount (enter 2	5% of line 41)		42		
43	Subtract line 42 from line 36. Enter -0-	f line 42 is more than line 36		43		
44	Subtract line 41 from line 38. Enter -0-	f line 41 is more than line 38		44		
	Caution: If there is an amount on ei	ther line 43 or line 44, you i	must file Form 4720.			

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period			N/A	
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))				The said of the said	0.
47 Total lobbying expenditures					0
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a Volunteers
- **b** Paid staff or management (Include compensation in expenses reported on lines **c** through **h**.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines ${\bf c}$ through ${\bf h}$)
 - If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Yes	No	Amount
	_	
	, À	0.

		7 LIVING FAITH MI			4-1375229	Page 7
Part \		garding Transfers To and		I Relationships With Non	charitable	
- A D		zations (See page 14 of the instri				
		irectly or indirectly engage in any of t				
		section 501(c)(3) organizations) or in		litical organizations?	Ye	s No
	, -	ganization to a noncharitable exempt	organization of:		51a(i)	_
•) Cash					X
) Other assets				a(ii)	X
	her transactions:	to with a papellowitchie average	uzetion		b(i)	v
•	•	ets with a noncharitable exempt organ	1124(101)		b(ii)	X
-) Rental of facilities, equipme	noncharitable exempt organization			b(iii)	X
) Reimbursement arrangeme				b(iv)	X
•) Loans or loan guarantees	illo			b(v)	X
-	•	membership or fundraising solicitati	inns		b(vi)	X
•	•	mailing lists, other assets, or paid er			C	X
		e is "Yes," complete the following sch		llwavs show the fair market value of t	he	
		s given by the reporting organization.	, ,			
-		nent, show in column (d) the value of			N/	Α
(a)	(b)	(c)	- <u>-</u> -	(d)		
Line no.	Amount involved	Name of noncharitable exe	empt organization	Description of transfers, transaction	ns, and sharing arrang	ements
						
	-					
			<u> </u>			
						
	· -					
-						
						
						
	the organization directly or in	directly affiliated with, or related to, o	ne or more tax-exempt orga	i anizations described in section 50.1(c	of the	
	de (other than section 501(c)					X No
	Yes," complete the following :					
	(a))	(b)	(c)		
	Name of org	ganization 	Type of organization	Description of r	elationship	
		 			·	
					-	
					<u> </u>	<u> </u>
					 	
· · ·		· · · · · · · · · · · · · · · · ·				

FORM 990	OTHER	OTHER EXPENSES		STATEMENT	
	(A)	(B) PROGRAM	(C) MANAGEMENT	(D)	
DESCRIPTION	TOTAL	SERVICES	AND GENERAL	FUNDRAISIN	IG
BAD DEBTS	200.		200.		
UNCOLLECTIBLE					
PLEDGES	248,867.			248,86	
TELETHON EXPENSES	21,063.			21,06	3
BANK CHARGES	30.		30.		
INSURANCE	163,779.		163,779.		
EQUIPMENT EXPENSE	11,047.	11,047.			
DONATIONS	231,192.			231,19	2
SATELLITE SERVICE	121,550.	110,611.		10,93	9
MEALS	3,873.		3,873.		
AUTOMOBILE EXPENSES	2,570.		2,570.		
MISCELLANEOUS	0.				
CONTRACT SERVICES	95,521.			95,52	1
DELIVERY EXPENSE	0.				
TAXES AND LICENSE	25,188.	1	25,188.		
OPERATIONAL EXPENSES	16,098.	14,730.		1,36	8
ENGINEERING	67,760.	60,984.		6,77	
PRODUCTION EXPENSE	23,614.	23,614.			
RENT	3,600.		3,600.		
NEWSLETTER EXPENSE	25,195.	25,195.	-		
CLEANING	950.	·	950.		
CREDIT CARD					
PROCESSING FEES	1,877.		1,877.		
TAXES UBIT	6,938.		6,938.		
COMMISSIONS	2,927.		2,927.		
TOTAL TO FM 990, LN 43	1,073,839.	246,181.	211,932.	615,72	.6

EXPLANATION

TO PROVIDE RELIGIOUS AND EDUCATIONAL PROGRAMMING TO MEET THE NEEDS OF THE MEMBERSHIP AND SUPPORTERS OF THE NETWORK.

PART III

FORM 990 OTHER ASSETS		STATEMENT 3
DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
UTILITY DEPOSITS DUE FROM LIVING FAITH BROADCASTING, INC.	18,000. 417,815.	18,000. 417,815.
TOTAL TO FORM 990, PART IV, LINE 58	435,815.	435,815.

SCHEDULE A	EXPLANATION OF TRANSACTIONS	STATEMENT 4
	PART III, LINE 2D	

PAID WAGES EARNED BY PERFORMING SERVICES TO THE ORGANIZATION