### 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)

OMB No 1545-0047 2002

Department of the Treasur, Internal Revenue Service

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

Open to Public Inspection

A	For the	ne 2002 calend	dar year, o	or tax year beginning	, 2002,	and c	nding			•
В		ıf appliçable		C Name of organization	· · · · · · · · · · · · · · · · · · ·			D Empl	oyer Ide	ntification Number
-	,	ldress change	Please use IRS labeL		o. Inc.			59.	343	8641
	$\Box$	imo Chango	or print or type.	Number street (or P.O. box if mail is		Řœ	en/suita	E Telep		
		hal return	See	788 Florencia Circle	2			(32	21)	269-2551
	• -	nal roturn	instruc- tions.	City, town or country	9 Jate	o ZIP	codo   4	F Acco		X Cd.i) Acciual
	1	nended return	1,0,,,,,,	Titusville	FL		2780-4965	. —		pecity) •
	$\vdash$	pplication pending	- Section	on 501(c)(3) organizations and 4			H and I are not apple			
	<i>'''</i>	processor postanty	chari	table trusts must attach a comp	loted Schedule A		H (n) is this a grou			
			•	n 990 or 990-EZ).			H (b) If Yes, ente			, ,
G	Web	sito: 🟲 www.	<u>daysta</u>	rradio.com	······································		H (c) Are all attille			4
J	Orga	nization type		f 1			(If 'No, nitro			. ,
	(chec	k only one) .	<u></u> ▶	X 501(c) 3 ◀ (insert no.	) 4947(a)(1) or	527				
K				nization's gross receipts are norr			H (d) is this a sepa			
				eed not file a return with the IRS						Yes X No
		e states requi		je in the mail, it should file a retu plete return.	un without financial da	ila	I Enter 4-d	4		
_	<u> </u>		d linea Ch	9h 9h and 10h to line 10 > 1	46 901					ration is not required
L Gross receipts Add lines 6b. 8b, 9b, and 10b to line 12 ► 146, 801 to attach Schedule B (Form 990, 990 EZ Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)										
ra						рагаг	ices (See Instru	ictions)		
	1			ants, and similar amounts receiv	ea	1 -	1	700		
	a Direct public support 1a 125,789							, 789		
	1	Indirect public				11				
	4			ons (grants)		10	<u>1</u>			
	d Total (add lines 125,789. noncash \$)								1 d	125,789.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)								2	
		Membership	dues and	assessments	•				3	
		Interest on sa	avings and	d temporary cash investments .	•				4	
		Dividends and	d interest	from securities					5_	
		Gross rents .			•••	6:	21	,012	ļ	
		Less, rental of	esenses			61	0			
		Net rental inc	ome or (I	oss) (subtract line 6b from line 6	ia)				6 c	21,01.
		Other investr	nent incor	ne (describe				)	7	
		Gross amoun	t from sal	los of assets other	(A) Securities	<u> </u>	(B) Oth	)1		
						8 8				
		Less, cost or	other bas	sis and sales expenses		81	o		1 1	
		Gain or (loss) (a	tlach schedu	ile)		86				
		Net gain or (I	oss) (com	nbine line 8c, columns (A) and (E	3))		,		8 d	
		Special event	ts and act	livities (attach schedule)						- <del> </del>
		Gross revenu	ie (not inc	luding \$	of contributions					
		reported on la	ine la) .	-		9 8	a			
		Less direct e	expenses	other than fundraising expenses		91	0			
		Net income o	or (loss) fr	om special events (subtract line	9b from line 9a)				9 c	
		Gross sales of	of inventor	ry, less returns and allowances		10:	a l			
		Less cost of	goods so	ld .		101	<b>b</b>			
		Gross profit or (1	loss) from sa	ales of inventory (attach schedule) (subtr	act line 10b from line 10a)	\	FILLED IN O	0005	c10 c	
	11	Other revenu	e (from P	ales of inventory (attach schedule) (subtract VII, line 103)	t	1EU	FIAFN IM N	UKKE	91	
	12			es 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 1			IR\$ - 0\$C -6	76	12	146,801
_	13			n line 44, column (B))		_	BEC 0 0 0	105	13	93,203
X	14	-	•	eral (from line 44, column (C))			DEC 2 8 20	103	14	24,025
E	15		-	44, column (D))					15	12,048
EXPENSES	16				Ω	GDEN, U	ГДН	16	,	
. E	17			nes 16 and 44, column (A))		.Z.		. , ,, ,	17	129,276
_	18			the year (subtract line 17 from li	ne 12)				18	17,525
, A	41			ances at beginning of year (from					19	42,976
N S	20			ances at beginning or year (norm					20	42,010
7 3		_								60,501
	41			ances at end of year (combine li			TECANONIC		21	
BA	A FO	raperwork N	reauction	Act Notice, see the separate in:	יון מו		TEEARIO! V 19/01	V V		Form 990 (2002)
							BATCH	NG .	JAN	3 0 2006

SCANNED FEB 08 2006

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

0	o 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 (att sch)					<del></del>			
	(cash \$								
	non-cash \$)	22							
23	Specific assistance to individuals (att sch)	23			}				
24	Benefits paid to or for members (att sch)	24							
25	Compansation of officers, directors, atc	25							
<b>26</b> -	Other salaries and wages a man man.	26							
27	Ponsion plan contributions	27							
28	Other employee benefits	28							
29	Payroll taxes	29							
30	Professional fundraising fees	30							
31	Accounting fees	31							
32	Logal foos	32							
33	Supplies	33				<del></del>			
34	Telephone	34	3,828.		3,828.	· · · · · · · · · · · · · · · · · · ·			
35		35	<u> </u>		5,020.	<del></del>			
36	<u> </u>	36	10,578	8,034.	2.544.	<del></del>			
		37	10,576	0,034.	2,344.				
37	Equipment rental and maintenance								
38	Printing and publications	38							
39	Travel	39	86.	86.		<del></del>			
40	Conferences, conventions, and meetings	40							
41	Interest	41	9,426		9,426				
42	Depreciation, depletion, etc (attach schedule)	42	18,530.	18,530.					
43	Other expenses not covered above (itemize).								
а	Abandonment loss	43 a	1,398	1,398					
b	Administration	43 b	1,331		1,331.				
	Amortization	43 c	2,775.		2,775.				
	Contract labor	43 d	60,206	48,158		12,048			
	See Other Expenses Stmt	43 o	21,118	16,997	4,121	12,0,0			
44	Total functional expenses (add lines 22 · 43).	-30	21,110	10,557	4,121	<del> </del>			
	Total functional expenses (add lines 22 43). Organizations completing columns (B) (D), carry these totals to lines 13 - 15	44	129,276	93,203	24,025.	12,048			
Joint	Costs. Check   if you are following	SOP 9		<u></u>	2 1 1 0 2 0 1 1	12,070			
	iny joint costs from a combined educations			olicitation renorted in (R)	Program services?	► Yes X No			
	s,' enter (i) the aggregate amount of these				nount allocated to progr				
\$	: (iii) the amount all				, and (iv) the				
to fui	ndraising \$		to management and go		, and (17) in	s amount amounted			
Parl		ice A	ccomplishments	<del></del>					
	is the organization's primary exempt purp			broadcastang		Program Service Expenses			
All o	rganizations must describe their exempt ou	roose	achievements in a clear	and concise manner S	late the number of	(Required for 501(c)(3) and (4) organizations and			
clien	rganizations must describe their exempt puts served, publications issued, etc. Discussions and 4947(a)(1) nonexempt charitable tr	achie	vements that are not me	easurable (Section 501)	c)(3) & (4) organ	4947(a)(1) trusts but			
					is to others )	optional for others )			
а	Licensee of noncommercial								
	providing religous, cultur			a babisc					
	<u>affairs programs, as requi</u>	<u>red</u>							
			(Grants and	d allocations \$	<u> </u>	93,203			
b									
			<b></b>						
			(Grants and	d allocations \$	)				
c				RI	CEIVED IN CO	RES			
	(BS - OSC -626								
	(Grants and allocations \$ DEC 2-8 2005)								
c	dd								
	OGDEN,-UTAH								
	Olhor groups			d allocations \$					
	Other program services			d allocations \$	)	<del></del>			
	Total of Program Service Expenses (sho	uld eq	ual line 44, column (B),	program services)	<u> </u>	93,203			

n	<b>4 11</b>		Dalas		L A -		Instruction	
rai	T 1	•	Balan	ICE 2	neers	(See	Instruction	15)

Note	: Wh	nere required, attached schedules and amounts within turn should be for end-of-year amounts only	(A) Beginning of year		(B) End of year	
	45	Cash - non-interest-bearing .		-977.	45	3,388.
	46	Savings and temporary cash investments	Ì		46	
	47 a	Accounts receivable	47 8			
- 1	b	Less: allowance for doubtful accounts	47 b		47 c	
1	48 a	Pledges receivable	48 n			•
		Lass: allowance for doubtful accounts	48b		48 c	
		Grants roccivable			49	<del></del>
A S			Ì		1-5-	<del></del>
	50	Receivables from officers, directors, trustees, and ke employees (attach schedule)	ey .		50	
SETS	51 a	Other notes & loans receivable (attach sch)	51 a			
Š		Less allowance for doubtful accounts	51b		51 c	
		Inventories for sale or use			52	
		Prepaid expenses and deferred charges			53	
		Investments – securities (attach schedule)	. ► Cost FMV	·- · · · · · · · · · · · · · · · · · ·	54	
		Investments - land, buildings, & equipment: basis	55a			
Ì						
ľ	b	Less: accumulated depreciation (attach schedule)	556		55 c	
	56	investments — other (attach schedule)	350		56	<del></del>
		Land, buildings, and equipment: basis	57a   215,338		30	
		-	213,330			
	t	Less. accumulated depreciation (attach schedule)	57b 44,583	177,485.	57 c	170,755
ľ	58	Other assets (describe > Schedule attach		7,232	58	4,457
		Total assets (add lines 45 through 58) (must equal I		183.740	59	178,600
$\neg$	60	Accounts payable and accrued expenses		105,740	60	170,000
را	61	Grants payable			61	
Ā	62	Deferred revenue	·		62	
B	63	Loans from officers, directors, trustees, and key employees (attact	s schodula)	28,308.	63	18,134
<u> </u>		Tax-exempt bond liabilities (attach schodule)		20, 300.	64 a	10,134
L     T		Mortgages and other notes payable (attach schedule)	1	111,206.	64 b	98,715
E		Other habilities (describe - Credit card li	1	1,250	65	1,250
-		Total liabilities (add lines 60 through 65)		140,764.	66	118,099
-		izations that follow SFAS 117, check here		140,704.	100	110,099
P.	J. ga.,	through 69 and lines 73 and 74.	nd complete lines of			
. 1	67	Unrestricted			67	
O-GROOD	68	Temporarily restricted	}	<del></del>	1	
Ĕ		Permanently restricted	ì		68	
- 1		izations that do not follow SFAS 117, check here		69		
R	o, ga	70 through 74				
ריססס	70	Capital stock, trust principal, or current funds		70		
В	71	Paid-in or capital surplus, or land, building, and equi		70		
B	72	Retained earnings, endowment, accumulated income	42 076	+	CO 501	
5		•	42,976	72	60,501	
BALAZOWA	73	Total net assets or fund balances (add lines 67 thro	42 076	_,	(0 (0)	
3	74	72. column (A) must equal line 19, column (B) must	42,976	73	60,501	
	/4	Total liabilities and net assets/fund balances (add l	iiies oo anu 73)	183,740	74	178,600

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.

BAA

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DEC 2 8 2005

a Total revenue, gains, and other support per audited financial statements.  b Arrounts included on line a but not on line 17, Form 990:  (1) Net unrealized gains on investments\$  (2) Donated sorvices and use of facilities\$  (3) Recoveres of prior year grants\$  (4) Other (specify):	Par	Reconciliation of Revenu Financial Statements with per Return (See instruction	n Revenue	Par	IV-B		tion of Expense Statements with		
per pudded Informaci Internents   a   b   harmouris included on line a but not on line 12, Form 990   C2) Donated services and use on Internents   S   C2) Donated services and use on Internents   S   C3) Peter year adjustified services and use on Internel   S   C4) Other (specify):   C4) Other (specify):   C4) Other (specify):   C5   C6   C7   C7   C7   C7   C7   C7   C7				_	Tatala	<u> </u>			N/A
on line 12, Form 990: (1) Not smeaked grows or investments \$ .	а		a	a	financia	xpenses and r al statements	osses per addited	a	
General Companies   Gene	b			ь					
Color   Colo	(1)	oains on	-	(1	ices an	d use -			
Add amounts on lines (1) through (4)   b   C   C   Line a minus line b   C   C   C   Line a minus line b   Line a minus line b   C   Line a minus line b   C   Line a minus line b   Line a minus line a minus line b   Line a minus line a mi	(2)	icos and uso		(2	monts ro	ported on			
(4) Other (specify):	(3)	Recoveries of prior		(3	Lossos (	eported on			
c Line a minus line b	(4)			(4					
c Line a minus line b						<sub>a</sub>			
c Line a minus line b		Add amounts on lines (1) through (4)	b		Add amo	 ounts on lines (1)	through (4)	ь	
Form 990 but not on line a:  (1) investment expenses not included on line 6, form 990 \$  (2) Other (specify):  Add amounts on lines (1) and (2) b  Total revenue per line 12, form 990 (line c plus line d) b  Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see instructions.)  (A) Name and address (B) Title and average hours per week devoted to position (I) not paid, enter 0-) compensation (I) compensat	c		с	c		• •	<b>•</b>	c	
not included on line \$	d			đ					
(2) Other (specify)  Add amounts on lines (1) and (2)  Total revenue per line 12. Form 990 (line c plus line d)  Total revenue per line 12. Form 990 (line c plus line d)  Total revenue per line 12. Form 990 (line c plus line d)  Total revenue per line 12. Form 990 (line c plus line d)  Total revenue per line 12. Form 990 (line c plus line d)  Total revenue per line 12. Form 990 (line c plus line d)  Total revenue per line 12. Form 990 (line c plus line d)  Total revenue per line 12. Form 990 (line c plus line d)  Total revenue per line 12. Form 990 (line c plus line 17. Form 990 (li	(1)	not included on line		(1	not inclu	ded on line			
e Total revenue per line 12, Form 990 (line c plus line d) e e e e e e e e e e e e e e e e e e	(2)	Other (specify)		(2	) Other				
e Total revenue per line 12, Form 990 (line c plus line d) e e e e e e e e e e e e e e e e e e		<b>q</b>				<sub>@</sub>			
990 (line c plus line d)   c   990 (line c plus line d)   c    Part V   List of Officers, Directors, Trustees, and Key Employees (List cach one even if not compensated, see instructions.)  (A) Name and address   (B) Title and average hours (C) Compensation (I) Contributions to employee benefit plans and deferred compensation (I) and paid, enter -0-)  Larry W. Linkous Titusville, FL 32780   Pres/Dir 30 0 0 0 0  Jason M. Linkous Titusville, FL 32780   VP/Dir 30 0 0 0 0  Sandra Linkous Titusville, FL 32780   Sec/Treas/Dir 20 0 0 0 0  Mindy Linkous Titusville, FL 32780   Director 20 0 0 0 0  Rita LaPlante Titusville, FL 32780   Director 1 0 0 0 0  Gena Hancock Titusville, FL 32780   Director 1 0 0 0 0 0		Add amounts on lines (1) and (2)	d		Add ar	mounts on line	s (1) and (2)	a	
Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see instructions.)  (A) Name and address	e	Total revenue per line 12, Form 990 (line c plus line d)	e	c				c	
Cancer   C	Parl				oyees	(List each one		nsale	ed, see instructions.)
Titusville   FL   32780		(A) Name and address	per week devoted	urs	`´(if r	ot paid,	employee benefit plans and deferred	ıt	account and other
Pres/Dir   30   0   0   0   0	Lar	ry W. Linkous							
Jason M. Linkous   Titusville, FL 32780   VP/Dir 30 0 0 0 0 0     Sandra Linkous   Titusville, FL 32780   Sec/Treas/Dir 20 0. 0 0 0     Mindy Linkous   Titusville, FL 32780   Director 20 0 0 0 0     Rita LaPlante   Titusville, FL 32780   Director 1 0 0 0 0     Gena Hancock   Titusville, FL 32780   Director 1 0 0 0 0     Titusville, FL 32780   Director 1 0 0 0 0	<u>T1t</u>	usville, FL 32780	Dana (D. 1	30		0			0
Titusville, FL 32780  VP/Dir 30 0 0 0  Sandra Linkous  Titusville, FL 32780  Sec/Treas/Dir 20 0. 0 0  Mindy Linkous  Titusville, FL 32780  Director 20 0 0 0 0  Rita LaPlante  Titusville, FL 32780  Director 1 0 0 0  Gena Hancock  Titusville, FL 32780  Director 1 0 0 0	Las	on M. Linkous	Pres/UII	30			<u> </u>	<u> </u>	
Sandra Linkous Titusville, FL 32780  Mindy Linkous Titusville, FL 32780  Director 20 0 0 0  Rita LaPlante Titusville, FL 32780  Director 1 0 0 0  Gena Hancock Titusville, FL 32780  Director 1 0 0 0								l	
Titusville, FL 32780   Sec/Treas/Dir 20			VP/Dir	30		0		0	0
Sec/Treas/Dir 20	San	idra Linkous							
Mindy Linkous  Titusville, FL 32780  Director 20 0 0 0  Rita LaPlante  Titusville, FL 32780  Director 1 0 0 0  Gena Hancock  Titusville, FL 32780  Director 1 0 0 0	''	1321116, 71, 32780	Sec/Treas/Dir	20		0.		0	0
Director   20   0   0   0   0									
Rita LaPlante         Titusville, FL 32780         Gena Hancock         Titusville, FL 32780         Director 1 0 0 0         Director 1 0 0 0	<u>T1</u> t	<u>usville, FL 32780</u>				_			
Titusville, FL 32780    Director     0   0   0	Dıt	a LaPlante	Director	20		0_		0	0
Director   0   0   0   0								-	
Titusville, FL 32780  Director 1 0 0 0			Director	1		0		0	0
Director 1 0 0 0									
	Ţıţ	cusville, FL 32780	Director	1		0		0	0
		D. 1							

Did any officer, director, trustee, or key employee receive aggregate compensation of more RECEIVED IN CORRES than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?

If 'Yes,' attach schedule - see instructions

DEC 2 8 2005

Form 990 (2002)

90 a List the states with which a copy of this return is filed > b Number of employees employed in the pay period that includes March 12, 2002 (See instructions.) 0 90 b 91 The books are in care of - Sandra Linkous <u>(321) 269-2551</u> Telephone number • Located at ► 788 Florencia Circle Titusville FL ZIP + 4 ► 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 Form 990 (2002) TEEA0105 01/22/03

Note: Enter gross amounts unless otherwise indicated.  93 Program service revenue:  a			business income		Excluded by section 512, 513, or 514		
b  c  d  c  f Medicaro/Modicaid paymen  g Fees & contracts from government  94 Membership dues and asse  95 Interest on savings & temporary of  96 Dividends & interest from si  97 Not rental income or (loss) from re  a debt-financed property  b not debt-financed property  98 Net rental income or (loss) from page  100 Gain or (loss) from sales of other than inventory  101 Net income or (loss) from special of the income or (loss) from special of the income or (loss) from special of the income or (loss) from sales of income sales of income or (loss) from sales of income sales of i		(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function income	
b c d c f Medicaro/Modicaid paymen g Foos & contracts from government 94 Membership dues and asse 95 Interest on savings & temporary or 96 Dividends & interest from si 97 Not rental income or (loss) from re a debt-financed property 98 Net rental income or (loss) from pi 99 Other investment income 100 Gain or (loss) from sales of other than inventory 101 Net income or (loss) from special of 102 Gross profit or (loss) from special of 103 Other revenue: a b c d e 104 Subtotal (add columns (B), (D), an 105 Total (add line 104, column Note: Line 105 plus line 1d, Part I. Part VIII Relationship of Ai Line No. Explain how each active of the organization's ex  Part X Information Regal (A)  Name, address, and EIN of con partnership, or disregarded  Part X Information Regal (A)  Note: If 'Yes' to (b), file Form 8  Under penalties of porture of true, correct and coint file  Please Sign  Vinder penalties of porture of true, correct and coint file  Signature of officer							
d c f Medicaro/Modicaid paymen g Fees & contracts from government 94 Membership dues and asse 95 Interest on savings & temporary or 96 Dividends & interest from si 97 Not rental income or (loss) from re 98 Net rental income or (loss) from per 99 Other investment income 100 Gain or (loss) from sales of 101 Other investment income 102 Gross profit or (loss) from sales of 103 Other revenue: a  b c d 104 Subtotal (add columns (B), (D), an 105 Total (add line 104, column Note: Line 105 plus line 1d, Part I, Part VIII Relationship of A  Line No. Explain how each active of the organization, during the year, b Did the organization of porture of the correct and combined to the year, b Did the organization of organization of the year, b Did the organization of organization of the year, b Did the organization of organization of the year, b Did the organization of organization of the year, b Did the organization of organization of the year, b Did the organization of organization of the year, b Did the organization of organization of the year, b Did the organization of organization of the year, b Did the organization of organization of the year, b Did the organization of organization of the year, b Did the organization of organization of the year, b Did the organization of organization							
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f Medicaro/Modicaid paymen g Fees & contracts from government 94 Membership dues and asse 95 Interest on savings & temporary or 96 Dividends & interest from si 97 Not rental income or (loss) from re a debt-financed property 98 Net rental income or (loss) from pi 99 Other investment income 100 Gain or (loss) from sales of other than inventory 101 Net income or (loss) from sales of other revenue: a b c d 102 Gross profit or (loss) from sales of in 103 Other revenue: a b c d 104 Subtotal (add columns (B), (D), an 105 Total (add line 104, column Note: Line 105 plus line 1d, Part I, Part VIII Relationship of A Line No. Explain how each active of the organization during the year, b Did the organization, during the year, b Did the organization of porture of true, correct and combined of the correct and combined of the year, b Did the organization of porture of true, correct and combined of the year, b Did the organization of officer  Please Sign Signal of officer	<del></del> }-						
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96 Dividends & interest from sign interest income or (loss) from sales of other than inventory  101 Net income or (loss) from special of other than inventory  102 Gross profit or (loss) from sales of interest inter	<b>-</b>						
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101 Net income or (loss) from special of 102 Gross profit or (loss) from special of 103 Other revenue: a  b  c  d  e  104 Subtotal (add columns (B), (D), and 105 Total (add line 104, column Note: Line 105 plus line 1d, Part I, Part VIII Relationship of Air Line No.  Explain how each active of the organization's explain how each active of the organization's explain how each active of the organization of compartnership, or disregarded  Part X Information Regal a Did the organization, during the year, b Did the organization, during the Note: If 'Yes' to (b), file Form 8  Under penalties of persure of the correct and comparing the year, b Did the organization of officer Signal	1 033613						
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Part X Information Regarded  Part X Information Regarded  Did the organization, during the year, b Did the organization, during the year, b Did the organization, during the year, correct and complete or of officer  Please Sign  Subtotal (add columns (B), (D), and 100, and				-		<del></del>	
Part X Information Regarded  Did the organization, during the year, b Did the organization of officer Signal We offi	——					<del> </del>	
Part X Information Regarded  Part X Informati							
Part X Information Regarded  Part X Informati	-				21,012.		
Part VIII Relationship of Additional Regardation Regar			• •		<u> </u>	21,012	
Part X Information Regarded  Part X Informati	should equa	I the amount o	n line 12, Part I				
Part IX Information Regal (A)  Name, address, and EIN of corportnership, or disregarded  Part X Information Regal a Did the organization, during the year, b Did the organization, during the Note: If 'Yes' to (b), file Form 8  Under penalties of persure true, correct and combined by Signature of officer							
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Part X Information Rega a Did the organization, during the year, b Did the organization, during the Note: If 'Yes' to (b), file Form 8 Under penalties of persuit of the correct and combined of the Signal S	rding Taxa	able Subsid	iaries and Disre	garded Entitie	S (See instructions )	N/A	
Part X Information Rega a Did the organization, during the year, b Did the organization, during the Note: If 'Yes' to (b), file Form 8 Under penalties of persuit true, correct and combined by Please Sign		(8)		(C)	(D)	(E)	
Part X Information Rega a Did the organization, during the year, b Did the organization, during the Note: If 'Yes' to (b), file Form 8  Under penalties of persure true, correct and combined of Please Sign		Percentage of		of activities	Total	End-of-year	
a Did the organization, during the year, b Did the organization, during th Note: If 'Yes' to (b), file Form 8  Under penalties of periors Under penalties of periors Under penalties of periors Signature of officer	1 entity	ownership inte	rest	RECEIVED	IN CHARTS	assets	
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Note: If 'Yes' to (b), file Form 8  Under penalties of permit true, correct and combine of signal si	r, receive any fun	ids, directly or indi	rectly, to pay premiums of	on a personal benefit or	ntract? IT A L	Yes X No	
Note: If 'Yes' to (b), file Form 8  Under penalties of perpury to true, correct and combined of Please Sign	the year, pay	premiums, dir	ectly or ind	OGDE	WACUTAH		
Please Sign Signature of officer		m 4720 (see in	structions)				
Please Sign Signature of officer	<u>3870</u> and Fort						
Sign Signature of officer		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , , , , , , , , , , , , , ,				
		7 1					
		Linkers	· \				
Type or print name and to	declare that Lhave Declaration of prep						
Paid Preparer's	declare that Liave Declaration of prep	1					
Pre- Preparer s signature	declare that Liave Declaration of prep						
parer's Firm's name (or CO	declare that Liave Declaration of prep	<b>~</b> •.					
Use yours if self employed) > 10	declare that Liave Declaration of prep	Jones, Jr	- , C P				
Only address and T1	declare that Unaversellar allowed pressure of the second s	Jones, Jr					

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

### Organization Exempt Under Section 501(c)(3)

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

Supplementary Information — (See separate instructions.)

2002

CMB No 1545 0017

Department of the Treasury Internal Revenue Service

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

Name of the organization Daystar Public Radio, Inc.	Employer identification number 59 - 34 3 8 6 4 1			
Part I Compensation of the Five Higher (See instructions, List each one. If there		Than Officers,		Trustees
(a) Name and 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 and deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$50,000 Part II Compensation of the Five Higher	None		faccional Sauci	
(See instructions. List each one (whether	r individuals or firms). If there are	none, enter 'None	')	lces
(a) Name and address of each independent contra	actor paid more than \$50,000	(b) Type	of service	(c) Compensation
None				
		RECEIVED I	y CORRES	
		DEC 2	<u>C -626</u>	
Total number of others receiving over \$50,000 for professional services	None	<u>OGDEŅ</u> ,	<u>LUTAH</u>	

Sche	hedule A (Form 990 or 990-EZ) 2002 Daystar Public Radio, Inc.	59-3438641	F	age 2
Pai	art III Statements About Activities (See instructions )		Yos	No
1	During the year, has the organization attempted to influence national, state, or local legislation, include to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses pa	ling any attempt		
	or incurred in connection with the lobbying activities   \$	<del></del>   .		
	(Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1	<del>- </del>	-X-
	Organizations that made an election under section 501(h) by filling Form 5768 must complete Part VI- organizations checking 'Yes,' must complete Part VI-B AND attach a statement giving a detailed desc lobbying activities.	A. Other ription of the		_
2	2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts substantial contributors, trustees, directors, officers, creators, key employees, or members of their far taxable organization with which any such person is affiliated as an officer, director, trustee, majority of beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transact	milios, or with any		
ŧ	a Sale, exchange, or leasing of property?		<u>n</u>	<u>X</u> .
t	b Lending of money or other extension of credit?	2	b	X
(	c Furnishing of goods, services, or facilities?  See Part V, Fore	<b> </b>	c X	-
C	d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		d X	_
(	e Transfer of any part of its income or assets?		e	Х
3 4	Does the organization make grants for scholarships, fellowships, student loans, etc? (See <b>Note</b> below Do you have a section 403(b) annuity plan for your employees?	3		X
Note	ote: Attach a statement to explain how the organization determines that individuals or organizations recei ants or loans from it in furtherance of its charitable programs 'qualify' to receive payments	ving		
	art IV Reason for Non-Private Foundation Status (See instructions.)			
5 6 7 8 9	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)(iii).  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) and state   An organization operated for the benefit of a college or university owned or operated by a governmental unit of the Support Schedule in Part IV-A.)	nental unit Section 170(b		 (iv)
	Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A.)			
116	The state of the s			
12	X An organization that normally receives: (1) more than 33-1/3% of its support from contributions, in from activities related to its charitable, etc. functions — subject to certain exceptions, and (2) no refrom gross investment income and unrelated business taxable income (less section 511 tax) from organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in	nore than 33-1/3% of its s	unnort	ots
13	An organization that is not controlled by any disqualified persons (other than foundation managers described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the tessection 509(a)(3))	s) and supports organizati it of section 509(a)(2) (Se	ons ee	
	Provide the following information about the supported organizations (S	see instructions )		
	(a) Name(s) of supported organization(s)		Line nui om abo	
	RECEIVE	O'IN CORRES		
		OSC 626		
	DEC	<b>2 8</b> 2005		
14	An organization organized and operated to test for public safety. Section 509(a)(4) (See Histroction	N. UTAH		
RΔΔ		fule A (Form 990 or Form	990 F7	7 200

Schedule A (Form 990 or 990-EZ) 2002 Daystar Public Radio, Inc. 59-3438641 Page 3 Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting. Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting Calendar year (or fiscal year (a) 2001 (e) Total 2000 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) 148.065 111,230 31.495 25.090 315.880 16 Membership fees received . Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's 20,400 19,998 40.398. charitable, etc, purpose . . . Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)). ronts, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 . 447 447 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 Other income Allach a schedule. Do not include gain or (loss) from sale of capital assets Total of lines 15 through 22 168,465 942 228 25.090 356,725 111. 24 Line 23 minus line 17 148,065 230 942 25,090 ጓ 1 316.327 1,685 25 Enter 1% of line 23 312 319 251 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 26 a b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts .... 26 b c Total support for section 509(a)(1) test. Enter line 24, column (e) 26 c d Add. Amounts from column (e) for lines 18 19 22 26 b 26 d e Public support (line 26c minus line 26d total) . . . 26 c ... f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) % 26 f 27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a discretified person, prepare 2 list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Decret-fized is list with your return. Enter the sum of such amounts for each year \_\_\_\_\_0\_(2000)\_\_\_\_\_12,531\_(1999)\_DEC 2\_8 2(1050\_(1998)\_\_\_\_\_0\_ bFor any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11. (2) Wein 12 had the list organizations described in lines 5 through 11. (2) Wein 13 had the list organizations described in (1) of (2), enter the sum of these differences (the excess amounts) for each year 0\_(1999)\_ 0 (1998) 315,880 c Add Amounts from column (e) for lines 15 16 40.398 20 27 c 356.278 d Add Line 27a total 12.531 and line 27b total 0 27 d 12,531 e Public support (line 27c total minus line 27d total) 343,747 27 e f Total support for section 509(a)(2) test Enter amount from line 23, column (e) 356,725 g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) 27 g 96 36 %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, 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.

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))

13

27 h

(To be completed ONLY by schools that checked the box on line 6 in Part IV) Yes No 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 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. 30 and scholarships? ..... 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.) Does the organization maintain the following a Records indicating the racial composition of the student body, faculty, and administrative staff? 32 a b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? ... 32 b c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 32 c d Copies of all material used by the organization or on its behalf to solicit contributions? 32 d 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 a Students' rights or privileges? . 33 a b Admissions policies? . 33 b c Employment of faculty or administrative staff? 33 c d Scholarships or other financial assistance?.. 33 d e Educational policies? RECEIVED IN CORRES 33 c IRS - OSC -626 f Use of facilities? 33 f DEC 2 8 2005 g Athletic programs? 33 g OGDEN, UTAH h Other extracurricular activities? 33 h If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement) 34 a Does the organization receive any financial aid or assistance from a governmental agency? 34 a b Has the organization's right to such aid ever been revoked or suspended? 34 b 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, 1975.2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation 35

Part VI-A Lobbving Expenditures by Electing Public Charities (See instructions.)

	(To be complete	ed ONLY by an eligible o	rganization that filed Fo	rm 5768)	GC(10113.)		N/A		
Chec	k - a   if the organiz	ation belongs to an affil	ated group. Check	► b lif y	ou check	ed 'a' and 'limited o	control' provisions apply		
		imits on Lobbying 'expenditures' means a	•	1)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations		
36	Total lobbying expenditu	ires to influence public o	pinion (grassroots lobb	/ing)	36				
37	Total lobbying expenditu	ires to influence a legisla	ative body (direct lobby)	ng) ,	37				
38	Total lobbying expenditu	ires (add lines 36 and 37	")		38				
39	Other exempt purpose of	xpenditures			39				
40	Total exempt purpose or	kpenditures (add lines 38	3 and 39)		. 40				
41	Lobbying nontaxable air	ount. Enter the amount	from the following table	-					
	If the amount on line 40	is - The I	obbying nontaxable an	nount is —					
	Not over \$500,000	20%	of the amount on line 4	0					
	Over \$500,000 but not over \$1,	•	100 plus 15% of the excess ov	1					
	Over \$1,000,000 but not over \$		100 plus 10% of the excess ov		41				
	Over \$1,500,000 but not over \$		100 plus 5% of the excess ove	r \$1,500,000					
	Over \$17,000,000				~ · ·				
42	Grassroots nontaxable a		•		42				
43	Subtract line 42 from lin				43				
44	Subtract line 41 from lin			_	44				
	Caution: If there is an a	mount on either line 43	or line 44, you must file	Form 4720		<del></del>			
	(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.)  Lobbying Expenditures During 4 -Year Averaging Period								
	Calendar year (or fiscal year beginning in) >	(a) 2002	(b) 2001	(c) 2000	_	(d) 1999	(c) Total		
45	Lobbying nontaxable amount								
46	Lobbying ceiling amount (150% of line 45(e))								
47	Total lobbying expenditures								
48	Grassroots non- taxable amount			***					
49	Grassroots ceiling amount (150% of line 48(e))								
	Grassroots lobbying expenditures								
Par	t VI-B Lobbying Ac (For reporting o	ctivity by Nonelectionly by organizations that	ng Public Charitie t did not complete Part	<b>s</b> VI A) (See in:	structions	;)			
Durir	ng the year, did the organ npt to influence public op	nization attempt to influe inion on a legislative ma	nce national, state or loater or referendum, thro	cal legislation ough the use o	i, includir	ng any Yes	No Amount		
ā	Volunteers						X		
t	Paid staff or manageme	nt (Include compensation	in in expenses reported	on lines c thi	ough <b>h</b> )		X		
c	Media advertisements						X		
c	d Mailings to members, le	gislators, or the public					X		
•	Publications, or published	ed or broadcast stateme	nts	ከ <b>ኮ</b> ሶሳ	בועבה	IN CORRES	X		
f	Grants to other organiza	ations for lobbying purpo	בואבח	SC 828	X				

g Direct contact with legislators, their staffs, government officials, or a legislative body

h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other measure 2 8 2005

ı Total lobbying expenditures (add lines c through h.)

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities

OGDEN LOBERT (Form 990 or 990-EZ) 2002

rait VII	Exempt Organization	ons (See in	istructions)	a Kelationships With Nonchari	table		
51 Did the	ne reporting organization of Code (other than section	directly or in 501(c)(3) o	directly engage in any of the following rganizations) or in section 527, relations	g with any other organization described ng to political organizations?	in section	501(0	:)
a Trans	fers from the reporting or	ganization to	a noncharitable exempt organization	n of		Yes	No
(i)C	ash			!	51 n (i)		X
(ii) O	ther assets				a (ii)		Х
	transactions:						
		ets with a no	encharitable exempt organization		<b>ხ</b> (i)		Х
			ble exempt organization		b (ii)		X
			assots		b (iii)		X
	ombursoment arrangeme				b (iv)		
				1 1 1 1 1 1	·		x
			p or fundraising solicitations		b (v)		
			b or fundraising solicitations	• • • • •	<u>b (vl)</u>		X
				mn (h) should always show the fair mai	kot valuo	of	
the go any tr	oods, other assets, or servansaction or sharing arra	vices given t ngement, sh	by the reporting organization. If the or now in column (d) the value of the god	mn (b) should always show the fair mar ganization received less than fair mark ods, other assets, or services received	et value ii	ו	
(a) Line no	(b) Amount involved		(c) noncharitable exempt organization	(d) Description of transfers, transactions, and			ts
		-					
	-						
		<del></del>					
descri	ibed in section 501(c) of the section in section in section in the	he Code (otl	liated with, or related to, one or more her than section 501(c)(3)) or in secti	tax-exempt organizations on 527?	► [] Yo	s X	No
	(a) Name of organization	<del> </del>	(b) Type of organization	(c) Description of relation	ship		
	<del></del>						
	· · · · · · · · · ·						
				DECEMENT	20005		
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		-					
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Form 990, Page 2, Part II, Line 43

Other Expenses Stmt

Other expenses not covered above (itemize).	<b>(A)</b> Total	(B) Program services	(C) Management and general	(D) Fundraising
Insurance Office Production and programming Taxes Utilities	3,075. 773. 8,007. 1,652 7,611.	8,007. 1,379. 7,611	3,075 773. 273.	

Total <u>21,118</u> <u>16,997</u> <u>4,121</u>

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OGDEN, UTAH

#### DAYSTAR PUBLIC RADIO, INC. (E.I.N. 59-3438641) ATTACHMENT TO FORM 990 FOR 2002

	Beginning of Year	of Year
Page 3, Part IV, Line 57a, Land, buildings & equipm	ent, basis	
Furniture, fixtures and equipment Vehicle		\$34,961 5,617
Transmission tower		130,939
Land		43,821
	\$205,871	\$215,338
	0000000	00000000
Page 3, Part IV, Line 57b, Accumulated depreciation	ı	
Furniture, fixtures and equipment	\$19,930	\$24,281
Vehicle	281	2,415
Transmission tower		17,887
	620 206	\$44,583
	\$28,386	
	23506886	3000066
Page 3, Part IV, Line 58, Other assets		
Deferred start up costs	\$13,481	\$13,481
Less accumulated amortization		(10,111)
Loan costs	550	550
Less accumulated amortization	(73)	(152)
Rent deposit	689	
	\$7,232	\$4,457
	0000000	
Page 3, Part IV, Line 64b, Mortgages and other note	s payable	
Bank loan	\$106,188	\$95,553
Automobile loan	5,018	
	\$111,206	\$98,715
		=======

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OGDEN, UTAH

# DAYSTAR PUBLIC RADIO, INC. (E.I.N. 59-3438641) ATTACHMENT TO FORM 990 FOR 2002

	Beginning of Year	
Page 3, Part IV, Line 57a, Land, buildings & equip		4 2 2 2 2
Furniture, fixtures and equipment Vehicle Transmission tower	5,617	
Land	43,821	43,821
	COOF 071	
	\$205,871	
Page 3, Part IV, Line 57b, Accumulated depreciation	n	
Furniture, fixtures and equipment Vehicle	\$19,930 281	
Transmission tower		17,887
	\$28,386	
	=======	
Page 3, Part IV, Line 58, Other assets		
Deferred start up costs	\$13,481	\$13,481
Less accumulated amortization	(7,415)	(10,111)
Loan costs	550	
Less accumulated amortization		(152)
Rent deposit	689	
	\$7,232	
	0000000	
Page 3, Part IV, Line 64b, Mortgages and other not	es payable	
Bank loan	\$106,188	\$95,553
Automobile loan	5,018	
	\$111,206	\$98,715
	=======	=======

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### DAYSTAR PUBLIC RADIO, INC. (E I.N. 59-3438641) ATTACHMENT TO FORM 990 FOR 2002

Page 3, Part IV, Line 63, Loans from Officers, Directors, Trustees & Key Employees

a) Lender's name and title Larry W Linkous, President and Director

Original amount \$39,833

Balance due \$18,134

Date of loans Various

Maturity date Due on demand

Repayment terms Due on demand

Interest rate None

Security provided by borrower None

Purpose of the loan Downpayment and closing costs for real

estate acquisition, mortgage payments

and working capital

Description and fair market value of consideration

provided by the lender Cash \$39,833

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## DAYSTAR PUBLIC RADIO, INC. (E I N. 59-3438641) ATTACHMENT TO FORM 990 FOR 2002

#### Page 3, Part IV, Line 64, Mortgages and other notes payable

Purpose of the loan

Description and fair market value of consideration provided by the lender

a)	Lender's name and title	Colonial Bank
	Original amount	\$110,000
	Balance due	\$95,553
	Date of loan	01-27-01
	Maturity date	01-27-08
	Repayment terms	\$1,770 per month
	Interest rate	Bank's base rate plus 0.5%
	Security provided by borrower	First mortgage on real estate and tower and assignment of tower leases
	Purpose of the loan	Purchase and erection of broadcast tower
	Description and fair market value of consideration provided by the lender	Cash \$110,000
b)	Lender's name and title	First Federal Savings Bank
	Original amount	\$5,018
	Balance due	\$3,162
	Date of loan	12-13-01
	Maturity date	06-13-04
	Repayment terms	\$189 per month
	Interest rate	9 5%
	Security provided by borrower	Lien on 1995 Plymouth Voyager

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Purchase of 1995 Plymouth Voyager

## DAYSTAR PUBLIC RADIO, INC. (E I.N. 59-3438641) ATTACHMENT TO SCHEDULE A (FORM 990) FOR 2002

Page 2, Part III, Item 2b, Furnishings of goods, services or facilities

The Corporation's officers and directors provided services to the Corporation without receiving any compensation

Page 3, Line 28, Unusual grants

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