

Form **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)

OMB No 1545-0047

**2006**

Open to Public Inspection

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

**A For the 2006 calendar year, or tax year beginning** \_\_\_\_\_ **and ending** \_\_\_\_\_

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return  
 Amended return  
 Application pending

**C Name of organization**  
**NATIONAL CHRISTIAN NETWORK**  
 Number and street (or P O box if mail is not delivered to street address) Room/suite  
**1150 WEST KING STREET**  
 City or town, state or country, and ZIP + 4  
**COCOA FL 32922-8692**

**D Employer identification number**  
**59-1888374**

**E Telephone number**  
**321-632-1000**

**F Accounting method:**  Cash  
 Accrual  Other (specify) \_\_\_\_\_

**G Website:** **N/A**

**J Organization type**  
 (check only one)  501(c) ( **3** ) (insert no)  4947(a)(1) or  527

**K Check here**  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L Gross receipts** Add lines 6b, 8b, 9b, and 10b to line 12 **1,371,692**

**H and are not applicable to section 527 organizations I**  
**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** If "Yes," enter number of affiliates **▶** \_\_\_\_\_  
**H(c)** Are all affiliates included?  Yes  No  
 (If "No," attach a list. See instructions.)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**I Group Exemption Number** **▶** \_\_\_\_\_

**M Check**  if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)**

		1a		1b		1c		1d		1e		
Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received											
	<b>a</b> Contributions to donor advised funds											
	<b>b</b> Direct public support (not included on line 1a)											
	<b>c</b> Indirect public support (not included on line 1a)											
	<b>d</b> Government contributions (grants) (not included on line 1a)											
	<b>e</b> Total (add lines 1a through 1d) (cash \$ <b>337,640</b> noncash \$ _____ )											<b>337,640</b>
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)											<b>588,251</b>
	<b>3</b> Membership dues and assessments											
	<b>4</b> Interest on savings and temporary cash investments											
	<b>5</b> Dividends and interest from securities											
	<b>6a</b> Gross rents											
	<b>b</b> Less rental expenses											
<b>c</b> Net rental income or (loss) Subtract line 6b from line 6a												
<b>7</b> Other investment income (describe _____ )												
<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities											
	(B) Other											
	<b>8a</b>											
	<b>8b</b>											
<b>c</b> Gain or (loss) (attach schedule)												
<b>d</b> Net gain or (loss) Combine line 8c, columns (A) and (B)												
<b>9</b> Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>												
<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1b)												
<b>b</b> Less direct expenses other than fundraising expenses												
<b>9c</b> Net income or (loss) from special events Subtract line 9b from line 9a												
Gross sales of inventory, less returns and allowances												
Less cost of goods sold												
<b>10a</b> Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a												
Other revenue (from Part VII line 103)												
<b>10b</b>												
<b>10c</b>												
<b>11</b> Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11											<b>445,801</b>	
<b>12</b>											<b>1,371,692</b>	
Expenses	<b>13</b> Program services (from line 44, column (B))										<b>891,309</b>	
	<b>14</b> Management and general (from line 44, column (C))										<b>282,902</b>	
	<b>15</b> Fundraising (from line 44, column (D))											
	<b>16</b> Payments to affiliates (attach schedule)											
	<b>17</b> Total expenses. Add lines 16 and 44, column (A)											<b>1,174,211</b>
<b>18</b> Excess or (deficit) for the year Subtract line 17 from line 12											<b>197,481</b>	
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))											<b>1,566,246</b>	
<b>20</b> Other changes in net assets or fund balances (attach explanation)												
<b>21</b> Net assets or fund balances at end of year Combine lines 18, 19, and 20											<b>1,763,727</b>	

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**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 (See the instructions )

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
22a	Grants paid from donor advised funds (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a				
22b	Other grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	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 (attach schedule) <b>SEE STATEMENT 1</b>	25a	203,200	101,600	101,600	
25b	Compensation of former officers, directors, key employees, etc listed in Part V-B (attach schedule)	25b				
25c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c				
26	Salaries and wages of employees not included on lines 25a, b, and c	26	282,716	282,716		
27	Pension plan contributions not included on lines 25a, b, and c	27				
28	Employee benefits not included on lines 25a - 27	28				
29	Payroll taxes	29	37,414	26,190	11,224	
30	Professional fundraising fees	30				
31	Accounting fees	31				
32	Legal fees	32				
33	Supplies	33	54,568	27,284	27,284	
34	Telephone	34	61,568	30,784	30,784	
35	Postage and shipping	35	6,531	3,265	3,266	
36	Occupancy	36	72,757	36,378	36,379	
37	Equipment rental and maintenance	37	32,316	29,084	3,232	
38	Printing and publications	38				
39	Travel	39	13,453	6,726	6,727	
40	Conferences, conventions, and meetings	40				
41	Interest	41	13,502	10,126	3,376	
42	Depreciation, depletion, etc (attach schedule)	42	190,184	190,184		
43a	Other expenses not covered above (itemize) <b>SEE STATEMENT 2</b>	43a	206,002	146,972	59,030	
43b		43b				
43c		43c				
43d		43d				
43e		43e				
43f		43f				
43g		43g				
44	<b>Total functional expenses.</b> Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	1,174,211	891,309	282,902	0

Joint Costs. Check  if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_, (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**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.

What is the organization's primary exempt purpose?

**► RELIGIOUS PROGRAMMING**

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.)

**Program Service Expenses**  
(Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)

**a TRANSMISSION OF RELIGIOUS PROGRAMS BY SATELLITE BROADCAST SYSTEMS THROUGHOUT THE UNITED STATES.**

(Grants and allocations \$ \_\_\_\_\_ ) If this amount includes foreign grants, check here ►  **891,309**

**b**

(Grants and allocations \$ \_\_\_\_\_ ) If this amount includes foreign grants, check here ►

**c**

(Grants and allocations \$ \_\_\_\_\_ ) If this amount includes foreign grants, check here ►

**d**

(Grants and allocations \$ \_\_\_\_\_ ) If this amount includes foreign grants, check here ►

**e Other program services (attach schedule)**

(Grants and allocations \$ \_\_\_\_\_ ) If this amount includes foreign grants, check here ►

**f Total of Program Service Expenses (should equal line 44, column (B), Program services)**

**891,309**

**Part IV Balance Sheets (See the instructions.)**

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
Assets	45 Cash-non-interest-bearing	1,009,551	45	1,193,143
	46 Savings and temporary cash investments		46	
	47a Accounts receivable			
	b Less allowance for doubtful accounts		47c	
	48a Pledges receivable			
	b Less allowance for doubtful accounts		48c	
	49 Grants receivable		49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (att schedule)		50b	
	51a Other notes and loans receivable (attach schedule)			
	b Less allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	3,230	53	3,230
	54a Investments—publicly-traded securities		54a	
	b Investments—other securities (attach schedule)		54b	
	55a Investments-land, buildings, and equipment basis			
	b Less accumulated depreciation (attach schedule)		55c	
	56 Investments-other (attach schedule)		56	
	57a Land, buildings, and equipment basis	2,157,644		
	b Less accumulated depreciation (attach schedule) <b>SEE STATEMENT 3</b>	1,290,716	839,284	57c
58 Other assets, including program-related investments (describe <b>SEE STATEMENT 4</b> )		79,975	58	3,995
59 <b>Total assets</b> (must equal line 74) Add lines 45 through 58		1,932,040	59	2,067,296
Liabilities	60 Accounts payable and accrued expenses		60	
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule) <b>SEE WORKSHEET</b>	365,794	64b	303,569
	65 Other liabilities (describe <b>SEE STATEMENT 4</b> )		65	
66 <b>Total liabilities.</b> Add lines 60 through 65		365,794	66	303,569
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 67 through 69 and lines 73 and 74</b>			
	67 Unrestricted		67	
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	<b>Organizations that do not follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 70 through 74</b>			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund	10,000	71	10,000
	72 Retained earnings, endowment, accumulated income, or other funds	1,556,246	72	1,753,733
73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)		1,566,246	73	1,763,727
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73		1,932,040	74	2,067,296

**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)** N/A

<b>a</b> Total revenue, gains, and other support per audited financial statements		<b>a</b>	
<b>b</b> Amounts included on line <b>a</b> but not on Part I, line 12			
<b>1</b> Net unrealized gains on investments	b1		
<b>2</b> Donated services and use of facilities	b2		
<b>3</b> Recoveries of prior year grants	b3		
<b>4</b> Other (specify)	b4		
Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	
<b>c</b> Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	
<b>d</b> Amounts included on Part I, line 12, but not on line <b>a</b> :			
<b>1</b> Investment expenses not included on Part I, line 6b	d1		
<b>2</b> Other (specify)	d2		
Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	
<b>e</b> <b>Total revenue</b> (Part I, line 12) Add lines <b>c</b> and <b>d</b>	▶	<b>e</b>	

**Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return** N/A

<b>a</b> Total expenses and losses per audited financial statements		<b>a</b>	
<b>b</b> Amounts included on line <b>a</b> but not Part I, line 17			
<b>1</b> Donated services and use of facilities	b1		
<b>2</b> Prior year adjustments reported on Part I, line 20	b2		
<b>3</b> Losses reported on Part I, line 20	b3		
<b>4</b> Other (specify)	b4		
Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	
<b>c</b> Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	
<b>d</b> Amounts included on Part I, line 17, but not on line <b>a</b> :			
<b>1</b> Investment expenses not included on Part I, line 6b	d1		
<b>2</b> Other (specify)	d2		
Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	
<b>e</b> <b>Total expenses</b> (Part I, line 17) Add lines <b>c</b> and <b>d</b>	▶	<b>e</b>	

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(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	(E) Expense account and other allowances
RAYMOND A KASSIS COCOA BEACH FL	PRESIDENT 40+	142,000	0	0
AGNES AZRAK BROOKLYN NY	VICE PRESIDE 2	0	0	0
NONIE L. FOX COCOA FL	SECRETARY/TR 2	0	0	0
JOSEPHINE LIAN BROOKLYN NY	DIRECTOR 2	0	0	0
KIMBERLY HOLMAN -KASSIS COCOA BEACH FL	DIRECTOR 40+	61,000	0	0
TOM CRATON PORT ST. LUCIE FL	KEY EMPLOYEE 40+	71,575	0	0
ANTHWONE MONTGOMERY FT PIERCE FL	KEY EMPLOYEE 40+	32,450	0	0
JOCELYN JACOBS ALEXANDRIA LA	KEY EMPLOYEE 40+	46,527	0	0

**Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)**

		Yes	No
<b>75a</b>	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings <b>▶ 5</b>		
<b>b</b>	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) <b>SEE STATEMENT 5</b>	<b>X</b>	
<b>c</b>	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization" If "Yes," attach a statement that includes the information described in the instructions		<b>X</b>
<b>d</b>	Does the organization have a written conflict of interest policy?		<b>X</b>

**Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits**  
(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column See the instructions )

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
N/A				

**Part VI Other Information (See the instructions.)**

		Yes	No
<b>76</b>	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change		<b>X</b>
<b>77</b>	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		<b>X</b>
<b>78a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		<b>X</b>
<b>b</b>	If "Yes," has it filed a tax return on Form 990-T for this year?		
<b>79</b>	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		<b>X</b>
<b>80a</b>	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc , to any other exempt or nonexempt organization?	<b>X</b>	
<b>b</b>	If "Yes," enter the name of the organization <b>▶ BLACK MEDIA WORKS, INC.</b> and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
<b>81a</b>	Enter direct and indirect political expenditures (See line 81 instructions )		
<b>b</b>	Did the organization file Form 1120-POL for this year?		<b>X</b>

Part VI Other Information (continued)

		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)		
82b			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
83b			
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
84b			
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	N/A	
85a			
c	Dues, assessments, and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
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 following tax year?	N/A	85h
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	86a	
b	Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs Enter a Gross income from members or shareholders	87a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 0, section 4912 0, section 4955 0		
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	0	
d	Enter Amount of tax on line 89c, above, reimbursed by the organization	0	
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90a	List the states with which a copy of this return is filed NONE		
b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions)	90b	19
91a	The books are in care of RAY KASSIS 1150 WEST KING ST. Located at COCOA, FL	Telephone no	321-632-1510
		ZIP + 4	32922-8692
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	91b	X

**Part VI Other Information (continued)**

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91c

If "Yes," enter the name of the foreign country

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here

and enter the amount of tax-exempt interest received or accrued during the tax year  **92**

**Part VII Analysis of Income-Producing Activities (See the instructions.)**

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a <b>RELIGIOUS PROGRAM</b>					<b>588,251</b>
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b <b>MANAGEMENT FEES - BMW</b>					<b>445,801</b>
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		<b>0</b>		<b>0</b>	<b>1,034,052</b>
105 Total (add line 104, columns (B), (D), and (E))					<b>1,034,052</b>

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)**

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	<b>SEE STATEMENT 6</b>

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)**

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
<b>N/A</b>	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with**

(a) Did the organization, during the year, receive any funds, directly or indirectly, from any individual?

(b) Did the organization, during the year, pay premiums, directly or indirectly, on any life insurance policy?

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)



**Part XI Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13).

<p><b>106</b> Did the reporting organization <b>make</b> any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity</p>	Yes	No
		<b>X</b>

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				

<p><b>107</b> Did the reporting organization <b>receive</b> any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity</p>	Yes	No
		<b>X</b>

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				

<p><b>108</b> Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?</p>	Yes	No

<p><b>Please Sign Here</b></p>	<p>Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge</p>			
	<p><i>Reynold C. Kassie</i> Signature of officer</p>			<p>Date <b>11/14/07</b></p>
	<p><b>Reynold A. KASSIS PRESIDENT</b> Type or print name and title</p>			
<p><b>Paid Preparer's Use Only</b></p>	<p>Preparer's signature <i>[Signature]</i></p>	<p>Date <b>11/14/07</b></p>	<p>Check if self-employed <input type="checkbox"/></p>	<p>Preparer's SSN or PTIN (See Gen Instr X) <b>P00039864</b></p>
	<p>Firm's name (or yours if self-employed), address, and ZIP + 4 <b>DAVIES, HOUSER &amp; SECREST, CPA, P.A. P.O. BOX 129 COCOA, FL 32923-0129</b></p>		<p>EIN</p>	<p>Phone no <b>321-636-0426</b></p>

**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 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

**2006**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information-(See separate instructions.)**  
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

**NATIONAL CHRISTIAN NETWORK**

Employer identification number  
**59-1888374**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Comp	(d) Contrib to empl ben plans & deferred comp	(e) Expense account & other allowances
TOM C CRATON PORT ST LUCIE FL 34953	MANAGER 40+	71,575	0	0

Total number of other employees paid over \$50,000 ▶ **1**

**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	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services ▶

**Part II-B 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 ▶

**Part III Statements About Activities (See page 2 of the instructions.)**

		Yes	No
<b>1</b>	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)		<b>X</b>
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
<b>2</b>	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
<b>a</b>	Sale, exchange, or leasing of property?		<b>X</b>
<b>b</b>	Lending of money or other extension of credit?		<b>X</b>
<b>c</b>	Furnishing of goods, services, or facilities?		<b>X</b>
<b>d</b>	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <b>SEE PART V-A, FORM 990</b>	<b>X</b>	
<b>e</b>	Transfer of any part of its income or assets?		<b>X</b>
<b>3a</b>	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)		<b>X</b>
<b>b</b>	Did the organization have a section 403(b) annuity plan for its employees?		<b>X</b>
<b>c</b>	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement.		<b>X</b>
<b>d</b>	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		<b>X</b>
<b>4a</b>	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g.		<b>X</b>
<b>b</b>	Did the organization make any taxable distributions under section 4966?		
<b>c</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>d</b>	Enter the total number of donor advised funds owned at the end of the tax year		_____
<b>e</b>	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		_____
<b>f</b>	Enter the total number of separate funds or accounts owned at the end of the tax 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		<b>0</b>
<b>g</b>	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year		<b>0</b>

**Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions )**

I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box )

- 5  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6  A school Section 170(b)(1)(A)(ii) (Also complete Part V )
- 7  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8  A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state ►**
- 10  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 )
- 11a  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 )
- 11b  A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A )
- 12  An organization that normally receives **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions-subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A )
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization
  - Type I
  - Type II
  - Type III-Functionally Intergrated
  - Type III-Other

**Provide the following information about the supported organizations. (See page 7 of the instructions )**

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b>					

- 14  An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions )

**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 beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28 )	359,047	275,727	335,858	237,551	1,208,183
16 Membership fees received					0
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	572,335	544,175	627,443	531,768	2,275,721
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)) rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975			2,821	5,998	8,819
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
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					0
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets <b>STMT 7</b>	395,483	294,658	292,268	253,528	1,235,937
23 Total of lines 15 through 22	1,326,865	1,114,560	1,258,390	1,028,845	4,728,660
24 Line 23 minus line 17	754,530	570,385	630,947	497,077	2,452,939
25 Enter 1% of line 23	13,269	11,146	12,584	10,288	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	26a	0
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 2002 through 2005 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts	26b	
c Total support for section 509(a)(1) test Enter line 24, column (e)	26c	
d Add Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____	26d	
e Public support (line 26c minus line 26d total)	26e	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f	%

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person " Do not file this list with your return. Enter the sum of such amounts for each year (2005) 0 (2004) 0 (2003) 0 (2002) 0		
b For 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 11b, as well as individuals ) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year (2005) 74,438 (2004) 113,388 (2003) 69,732 (2002) 83,011		
c Add Amounts from column (e) for lines 15 1,208,183 16 _____ 17 2,275,721 20 _____ 21 _____	27c	3,483,904
d Add Line 27a total _____ and line 27b total _____	27d	340,569
e Public support (line 27c total minus line 27d total)	27e	3,143,335
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)	27f	4,728,660
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g	66.4741%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h	0.1865%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, 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

**Part V Private School Questionnaire (See page 9 of the instructions.)**  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		N/A	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?			
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?			
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? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement )			
32	Does the organization maintain the following			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )	32d		
33	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?  If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )	33h		
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35		

**Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)**  
 (To be completed **ONLY** by an eligible organization that filed Form 5768) **N/A**

Check  **a** if the organization belongs to an affiliated group Check  **b** if you checked "a" and "limited control" provisions apply

**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred)

	(a) Affiliated group totals	(b) To be completed for all electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount Enter the amount from the following table-		
<b>If the amount on line 40 is-</b>		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
<b>The lobbying nontaxable amount is-</b>		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000	41	
\$225,000 plus 5% of the excess over \$1,500,000		
\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you 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)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**  
 (For reporting only by organizations that did not complete Part VI-A) (See page 13 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	Yes	No	Amount
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 c through h.)			

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

**Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 13 of the instructions.)**

**51** Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

**a** Transfers from the reporting organization to a noncharitable exempt organization of

- (i) Cash
- (ii) Other assets

**b** Other transactions

- (i) Sales or exchanges of assets with a noncharitable exempt organization
- (ii) Purchases of assets from a noncharitable exempt organization
- (iii) Rental of facilities, equipment, or other assets
- (iv) Reimbursement arrangements
- (v) Loans or loan guarantees
- (vi) Performance of services or membership or fundraising solicitations

**c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees

**d** If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

	Yes	No
<b>51a(i)</b>		X
<b>a(ii)</b>		X
<b>b(i)</b>		X
<b>b(ii)</b>		X
<b>b(iii)</b>		X
<b>b(iv)</b>		X
<b>b(v)</b>		X
<b>b(vi)</b>		X
<b>c</b>		X

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			

**52a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

▶  Yes  No

**b** If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship
<b>BLACK MEDIA WORKS, INC</b>	<b>501 (C) 3</b>	<b>PROVIDES MGMT SERVICES &amp; EQUIP.</b>



**Mortgages and Other Notes Payable**

Forms  
**990 / 990-PF**

**2006**

For calendar year 2006, or tax year beginning , and ending

Name **NATIONAL CHRISTIAN NETWORK** Employer Identification Number **59-1888374**

**FORM 990, PART IV, LINE 64B - ADDITIONAL INFORMATION**

Name of lender	Relationship to disqualified person
(1) EAST COAST BUSINESS BANK	
(2) EAST COAST BUSINESS BANK	
(3) EAST COAST BUSINESS BANK	
(4) BANK OF AMERICA	
(5) BANK OF AMERICA	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) 194,100	1/09/02	12/09/07		
(2) 34,080	1/29/01	12/29/05		
(3) 19,551	1/15/01	1/15/06		
(4) 160,000	2/07/03	2/07/18		
(5) 209,600	12/04/03	12/04/18		
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)	71,444	38,924
(2)	1,860	
(3)	816	
(4)	140,293	131,368
(5)	151,381	133,277
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Totals</b>	<b>365,794</b>	<b>303,569</b>

## Federal Statements

Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Other

Desc								
How Rec'd	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Deprec	Gain/ -Loss	
COMMUNICATION EQUIPMENT PURCHASE		6/01/97	1/01/06	\$	\$ 2,679	\$ 2,679	\$	
TOTAL				\$ 0	\$ 2,679	\$ 2,679	\$	0

**Federal Statements****Statement 1 - Form 990, Part II, Line 25a - Compensation of Current Officers**

<u>Name</u>	<u>Program Services</u>	<u>Management &amp; General</u>	<u>Fundraising</u>
EXPENSES	\$	\$	\$
OFFICER SALARIES COMPENSATION	101,600	101,600	
TOTAL	<u>\$ 101,600</u>	<u>\$ 101,600</u>	<u>\$ 0</u>

59-1888374

**Federal Statements**

FYE: 12/31/2006

**Statement 2 - Form 990, Part II, Line 43 - Other Functional Expenses**

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
EXPENSES				
AUTOMOBILE	21,094	10,547	10,547	
CONTRACT SERVICE	37,594	18,797	18,797	
INSURANCE	26,585	23,926	2,659	
LEASE EXPENSE	18,752	18,752		
ROYALTIES	1,373	1,373		
PROFESSIONAL FEES	9,212	4,606	4,606	
UTILITIES	58,239	43,679	14,560	
WARRANTY FEES	6,347	5,712	635	
ADVERTISING	22,373	16,780	5,593	
PROGRAM REFUND	2,800	2,800		
BANK CHARGES				
MEDICAL	1,633		1,633	
EQUIPMENT				
TOTAL	<u>\$ 206,002</u>	<u>\$ 146,972</u>	<u>\$ 59,030</u>	<u>\$ 0</u>

59-1888374

**Federal Statements**

FYE: 12/31/2006

**Statement 3 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment**

<u>Description</u>	<u>Beginning of Year</u>	<u>Accum Deprec</u>	<u>End of Year</u>	<u>Accum Deprec</u>
ACCUMULATED DEPRECIATION				
EQUIPMENT	\$ 1,903,845	\$ 1,100,534	\$ 2,121,671	\$ 1,290,716
	<u>35,973</u>		<u>35,973</u>	
TOTAL	<u>\$ 1,939,818</u>	<u>\$ 1,100,534</u>	<u>\$ 2,157,644</u>	<u>\$ 1,290,716</u>

**Statement 4 - Form 990, Part IV, Line 58 - Other Assets**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
PREPAID TAXES	\$	\$
UTILITY DEPOSIT	250	250
SECURITY DEPOSIT - LEASE	795	795
INSURANCE REIMBURSEMENT RECEIVABLE	75,980	
ESCROW	<u>2,950</u>	<u>2,950</u>
TOTAL	<u>\$ 79,975</u>	<u>\$ 3,995</u>

**Federal Statements****Statement 5 - Form 990, Part V-A, Line 75b - Related Party Information**

<u>Related Party One</u>	<u>Related Party Two</u>	<u>Relationship</u>
RAYMOND KASSIS NATIONAL CHRISTIAN NETWORK PRESIDENT	KIMBERLY HOLMAN - KASSIS NATIONAL CHRISTIAN NETWORK DIRECTOR	HUSBAND / WIFE
AGNES AZRAK NATIONAL CHRISTIAN NETWORK DIRECTOR	JOSEPHINE LIAN NATIONAL CHRISTIAN NETWORK DIRECTOR	SISTERS

# Federal Statements

## Statement 6 - Form 990, Part VIII - Relationship of Activities

<u>Line No</u>	<u>Description</u>
93A	ENABLE THE ORGANIZATION TO TRANSMIT RELIGIOUS PROGRAMS FOR QUALIFIED RELIGIOUS ORGANIZATIONS.
103	PROVIDE MANAGEMENT SERVICES TO BLACK MEDIA WORKS, ANOTHER. EXEMPT RELIGIOUS BROADCASTING ORGANIZATION, THEREFORE EXPANDING THE PURPOSE OF THE ORGANIZATION. LINE 97: PROVIDING SPACE TO A LOCAL CHURCH FOR ITS RELIGIOUS SERVICES

59-1888374

**Federal Statements**

FYE: 12/31/2006

**Statement 7 - Schedule A, Part IV-A, Line 22 - Other Income**

<u>Description</u>	<u>2005</u>	<u>2004</u>	<u>2003</u>	<u>2002</u>
MGMT FEE - BLACK MEDIA WORKS 501(C)3	\$ 395,303	\$ 269,018	\$ 286,018	\$ 253,528
MISC GROSS RENTS	180	25,640	6,250	
TOTAL	<u>\$ 395,483</u>	<u>\$ 294,658</u>	<u>\$ 292,268</u>	<u>\$ 253,528</u>



**Depreciation and Amortization**  
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return <b>NATIONAL CHRISTIAN NETWORK</b>	Identifying number <b>59-1888374</b>
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Business or activity to which this form relates  
**INDIRECT DEPRECIATION**

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount See the instructions for a higher limit for certain businesses	1	108,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	430,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	
<b>(a) Description of property (b) Cost (business use only) (c) Elected cost</b>		
6		
7 Listed property Enter the amount from line 29	7	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2005 Form 4562	10	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2007 Add lines 9 and 10, less line 12	13	

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14 Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

**Part III MACRS Depreciation (Do not include listed property) (See instructions.)**

**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2006	17	162,160
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B-Assets Placed in Service During 2006 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property		154,731	7.0	HY	200DB	22,104
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

**Section C-Assets Placed in Service During 2006 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L
b 12-year			12 yrs		S/L
c 40-year			40 yrs	MM	S/L

**Part IV Summary (see instructions)**

21 Listed property Enter amount from line 28	21	5,920
22 <b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations-see instr	22	190,184
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

**Section A-Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?				Yes	No	24b If "Yes," is the evidence written?				Yes	No	
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)		(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction		(i) Elected section 179 cost		
25 Special allowance for qualified New York Liberty or Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)											25	
26 Property used more than 50% in a qualified business use												
<b>NEW AUTO PURCHASE</b>												
	1/01/06	100.00%	41,327	41,327		5.0	200DBHY	2,960				
<b>NEW AUTO PURCHASE</b>												
	11/01/06	100.00%	21,768	21,768		5.0	200DBHY	2,960				
27 Property used 50% or less in a qualified business use												
		%					S/L-					
		%					S/L-					
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1										28	5,920	
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1											29	

**Section B-Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles)	(a)		(b)		(c)		(d)		(e)		(f)	
	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle 5	Vehicle 6	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle 5	Vehicle 6
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
36 Is another vehicle available for personal use?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No

**Section C-Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2006 tax year (see instructions)					
43 Amortization of costs that began before your 2006 tax year					43
44 Total. Add amounts in column (f) See the instructions for where to report					44