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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)

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

OMB No 1545-0047

2006

Open to Public Inspection

A For the 2006 calendar year, or tax year beginning 01-01-2006 and ending 12-31-2006

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
THE INSPIRATIONAL NETWORK INC

Number and street (or P O box if mail is not delivered to street address) | Room/suite
7910 CRESCENT EXECUTIVE DR SUITE
500

City or town, state or country, and ZIP + 4
CHARLOTTE, NC 28217

D Employer identification number
57-0931093

E Telephone number
(704) 525-9800

F Accounting method ☐ Cash ☑ Accrual
☐ Other (specify) ▶

● **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

H and **I** *are not applicable to section 527 organizations*

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)

G Web site: ▶ WWWINSPCOM

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 ▶ 56,391,619

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

Revenue	1	Contributions, gifts, grants, and similar amounts received				
	a	Contributions to donor advised funds	1a	22,206,870		
	b	Direct public support (not included on line 1a)	1b			
	c	Indirect public support (not included on line 1a)	1c			
	d	Government contributions (grants) (not included on line 1a)	1d			
	e	**Total** (add lines 1a through 1d) (cash $ 22,206,870 noncash $)			1e	22,206,870
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	33,970,766
	3	Membership dues and assessments			3	
	4	Interest on savings and temporary cash investments			4	213,983
	5	Dividends and interest from securities			5	
	6a	Gross rents	6a			
	b	Less rental expenses	6b			
	c	Net rental income or (loss) subtract line 6b from line 6a			6c	
	7	Other investment income (describe ▶)			7	
	8a	Gross amount from sales of assets other than inventory — (A) Securities: ; (B) Other:	8a			
	b	Less cost or other basis and sales expenses — (A) Securities: ; (B) Other:	8b			
	c	Gain or (loss) (attach schedule) — (A) Securities: ; (B) Other:	8c			
	d	Net gain or (loss) Combine line 8c, columns (A) and (B)			8d	
	9	Special events and activities (attach schedule) If any amount is from **gaming**, check here ▶ ☐				
	a	Gross revenue (not including $ of contributions reported on line 1b)	9a			
	b	Less direct expenses other than fundraising expenses	9b			
	c	Net income or (loss) from special events Subtract line 9b from line 9a			9c	
	10a	Gross sales of inventory, less returns and allowances	10a			
	b	Less cost of goods sold	10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a			10c	
	11	Other revenue (from Part VII, line 103)			11	
	12	**Total revenue** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12	56,391,619
Expenses	13	Program services (from line 44, column (B))			13	43,759,286
	14	Management and general (from line 44, column (C))			14	3,992,537
	15	Fundraising (from line 44, column (D))			15	4,402,014
	16	Payments to affiliates (attach schedule)			16	
	17	**Total expenses** Add lines 16 and 44, column (A)			17	52,153,837
Net Assets	18	Excess or (deficit) for the year Subtract line 17 from line 12			18	4,237,782
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	45,928,532
	20	Other changes in net assets or fund balances (attach explanation)			20	0
	21	Net assets or fund balances at end of year Combine lines 18, 19, and 20			21	50,166,314

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 $ ______ noncash $ ______) If this amount includes foreign grants, check here ▶ ☐	22a				
22b	Other grants and allocations (attach schedule) (cash $ ______ noncash $ ______) If this amount includes foreign grants, check here ▶ ☐	22b				
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25a	Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule)	25a	5,621,199	4,614,839	430,338	576,022
b	Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule)	25b				
c	Compensation and other distributions not icluded above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c	293,697	279,676		14,021
26	Salaries and wages of employees not included on lines 25a, b and c	26	9,554,732	7,936,390	1,183,905	434,437
27	Pension plan contributions not included on lines 25a, b and c	27				
28	Employee benefits not included on lines 25a - 27	28	56,871	46,524		10,347
29	Payroll taxes	29	1,181,762	899,283	256,009	26,470
30	Professional fundraising fees	30				
31	Accounting fees	31				
32	Legal fees	32				
33	Supplies	33	84,788	65,764	10,829	8,195
34	Telephone	34	398,638	305,593	82,025	11,020
35	Postage and shipping	35	1,110,391	769,516	3,138	337,737
36	Occupancy	36	799,930	627,821	168,675	3,434
37	Equipment rental and maintenance	37				
38	Printing and publications	38	1,574,757	1,096,867	11,932	465,958
39	Travel	39	1,327,704	1,032,817	136,731	158,156
40	Conferences, conventions, and meetings	40				
41	Interest	41	1,230,159	1,199,592	30,567	
42	Depreciation, depletion, etc (attach schedule)	42	4,699,673	4,371,254	328,419	
43	Other expenses not covered above (itemize)					
a	See Additional Data Table	43a				
b		43b				
c		43c				
d		43d				
e		43e				
f		43f				
g		43g				
44	**Total functional expenses.** Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13–15)	44	52,153,837	43,759,286	3,992,537	4,402,014

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? ▶ THE PROMOTION, PRODUCTION & PROVISION OF RELIGIOUS, CHARITABLE AND EDUCATIONAL PROGRAMMING COMMUNICATING THE GOSPEL TO PEOPLES OF THE WORLD

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	THE PROMOTION, PRODUCTION AND PROVISION OF RELIGIOUS, CHARITABLE, AND EDUCATIONAL PROGRAMMING COMMUNICATING THE GOSPEL TO PEOPLES OF THE WORLD THROUGH BOTH LIVE AND TAPED RELIGIOUS PROGRAMMING ON LINEAR TELEVISION AND VARIOUS SERVER-BASED PLATFORMS INCLUDING BROADBAND, VIDEO ON DEMAND AND WIRELESS, AIRED TO APPROXIMATELY 86 4 MILLION HOUSEHOLDS DOMESTICALLY AND INTERNATIONALLY THE RELIGIOUS DEVELOPMENT OF MEN, WOMEN AND CHILDREN WAS ENHANCED THE INTENT OF THE NETWORK IS TO ENCOURAGE THE CREATION AND BROADCASTING OF INTERFAITH PROGRAMMING AS WELL AS TO PROMOTE, SPONSOR AND PRODUCE THE ACTUAL RELIGIOUS AND CHRISTIAN PROGRAMMING FOR CABLECASTING TO VARIOUS CABLE TELEVISION COMPANIES THE NETWORK'S RELIGIOUS PROGRAMMING INCLUDED THE DISTRIBUTION OF DIRECT PREACHING AND BIBLE TEACHING, AS WELL AS CONTEMPORARY MUSIC SHOWS AND CHILDREN'S SHOWS, ALL OF WHICH PROMOTE RELIGIOUS WORSHIP, EDUCATION AND TRAINING (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	43,759,286
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) . . . . ▶	43,759,286

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				**45**	630,202
46 Savings and temporary cash investments			8,403,214	**46**	6,855,442
47a Accounts receivable	**47a**	3,883,385			
b Less allowance for doubtful accounts	**47b**	374,817	3,533,742	**47c**	3,508,568
48a Pledges receivable	**48a**				
b Less allowance for doubtful accounts	**48b**			**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(c)(3)(B) (attach schedule)				**50b**	
51a Other notes and loans receivable (attach schedule)	**51a**				
b Less allowance for doubtful accounts	**51b**			**51c**	
52 Inventories for sale or use			193,944	**52**	464,300
53 Prepaid expenses and deferred charges			383,520	**53**	658,638
54a Investments—publicly-traded securities ▶ ☐ Cost ☑ FMV			55,179	**54a**	72,575
b Investments—other securities (attach schedule) ▶ ☐ Cost ☐ FMV				**54b**	
55a Investments—land, buildings, and equipment basis	**55a**				
b Less accumulated depreciation (attach schedule)	**55b**			**55c**	
56 Investments—other (attach schedule)				**56**	
57a Land, buildings, and equipment basis	**57a**	72,032,332			
b Less accumulated depreciation (attach schedule)	**57b**	30,154,432	23,832,199	**57c**	41,877,900
58 Other assets, including program-related investments (describe ▶)			20,512,199	**58**	22,153,556
59 **Total assets** (must equal line 74) Add lines 45 through 58			56,913,997	**59**	76,221,181
Liabilities					
60 Accounts payable and accrued expenses			3,640,450	**60**	5,887,291
61 Grants payable				**61**	
62 Deferred revenue			563,191	**62**	367,389
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)			1,617,511	**64b**	1,564,149
65 Other liabilities (describe ▶)			5,164,313	**65**	18,236,038
66 **Total liabilities** Add lines 60 through 65			10,985,465	**66**	26,054,867
Net Assets or Fund Balances					
Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 67 through 69 and lines 73 and 74					
67 Unrestricted			45,928,532	**67**	50,166,314
68 Temporarily restricted				**68**	
69 Permanently restricted				**69**	
Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74					
70 Capital stock, trust principal, or current funds				**70**	
71 Paid-in or capital surplus, or land, building, and equipment fund				**71**	
72 Retained earnings, endowment, accumulated income, or other funds				**72**	
73 **Total net assets or fund balances** Add lines 67 through 69 **or** lines 70 through 72 (Column (A) **must** equal line 19 and column (B) **must** equal line 21)			45,928,532	**73**	50,166,314
74 **Total liabilities and net assets / fund balances** Add lines 66 and 73			56,913,997	**74**	76,221,181

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

a	Total revenue, gains, and other support per audited financial statements			a	56,391,619
b	Amounts included on line **a** but not on Part I, line 12				
1	Net unrealized gains on investments	b1			
2	Donated services and use of facilities	b2			
3	Recoveries of prior year grants	b3			
4	Other (specify)	b4			
	Add lines **b1** through **b4**			b	
c	Subtract line **b** from line **a**			c	56,391,619
d	Amounts included on Part I, line 12, but not on line **a**				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify)	d2			
	Add lines **d1** and **d2**			d	
e	**Total revenue** (Part I, line 12) Add lines **c** and **d** ▶			e	56,391,619

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

a	Total expenses and losses per audited financial statements			a	52,153,837
b	Amounts included on line **a** but not on Part I, line 17				
1	Donated services and use of facilities	b1			
2	Prior year adjustments reported on Part I, line 20	b2			
3	Losses reported on Part I, line 20	b3			
4	Other (specify)	b4			
	Add lines **b1** through **b4**			b	
c	Subtract line **b** from line **a**			c	52,153,837
d	Amounts included on Part I, line 17, but not on line **a:**				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify)	d2			
	Add lines **d1** and **d2**			d	
e	**Total expenses** (Part I, line 17) Add lines **c** and **d** ▶			e	52,153,837

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
See Additional Data Table				

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

			Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings . . . ▶ 3			
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)	**75b**	Yes	
c	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" ▶	**75c**	Yes	
	If "Yes," attach a statement that includes the information described in the instructions			
d	Does the organization have a written conflict of interest policy?	**75d**	Yes	

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 and deferred compensation plans	**(E)** Expense account and other allowances

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

			Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	**76**		No
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	**77**		No
	If "Yes," attach a conformed copy of the changes			
78a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	**78a**	Yes	
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	**78b**	Yes	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	**79**		No
80a	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?	**80a**	Yes	
b	If "Yes," enter the name of the organization ▶ See Additional Data Table and check whether it is ☐ exempt **or** ☐ nonexempt			
81a	Enter direct or indirect political expenditures (See line 81 instructions) **81a**			
b	Did the organization file **Form 1120-POL** for this year?	**81b**		No

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?	82a		No
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?	83a	Yes	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Yes	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85	*501(c)(4), (5), or (6) organizations.* **a** Were substantially all dues nondeductible by members?	85a		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	85b		
	If "Yes," was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed the prior year			
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?	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?	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	Yes	
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	Yes	
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		No
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 ▶			
e	*All organizations.* At any time during the tax year was the organization a party to a prohibited tax shelter transaction?	89e		No
f	*All organizations.* Did the organization acquire direct or indirect interest in any applicable insurance contract?	89f		No
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		No

90a List the states with which a copy of this return is filed ▶ CA,NC

b Number of employees employed in the pay period that includes March 12, 2006 (See instructions) — **90b** 305

91a The books are in care of ▶ THE CORPORATION Telephone no ▶ (704) 525-9800

Located at ▶ 7910 CRESCENT EXECUTIVE DR SUITE 500 CHARLOTTE, NC ZIP + 4 ▶ 28217

			Yes	No
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)?	91b	Yes	

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

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**, Report of Foreign Bank and Financial Accounts

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		No

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 RELIGIOUS PROGRAMS					22,666,397
b TV ADVERTISING	541800	3,759,013			3,261,913
c MANAGEMENT FEES	561000	4,283,443			
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			14	213,983	
96 Dividends and interest from securities . . .					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b non 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					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E)) . .		8,042,456		213,983	25,928,310

105 **Total** (add line 104, columns (B), (D), and (E)) . . . . ▶ 34,184,749

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)
93	THE PROMOTION, PRODUCTION AND PROVISION OF RELIGIOUS, CHARITABLE, AND EDUCATIONAL PROGRAMMING COMMUNICATING THE GOSPEL TO PEOPLES OF THE WORLD THROUGH BOTH LIVE AND TAPED RELIGIOUS PROGRAMMING ON LINEAR TELEVISION AND VARIOUS SERVER-BASED PLATFORMS INCLUDING BROADBAND, VIDEO ON DEMAND AND WIRELESS AIRED TO APPROXIMATELY 86 4 MILLION HOUSEHOLDS DOMESTICALLY AND INTERNATIONALLY THE RELIGIOUS DEVELOPMENT OF MEN, WOMEN AND CHILDREN WAS ENHANCED THE INTENT OF THE NETWORK IS TO ENCOURAGE THE CREATION AND BROADCASTING OF INTERFAITH PROGRAMMING AS WELL AS TO PROMOTE, SPONSOR AND PRODUCE THE ACTUAL RELIGIOUS AND CHRISTIAN PROGRAMMING FOR CABLECASTING TO VARIOUS CABLE TELEVISION COMPANIES THE NETWORK'S RELIGIOUS PROGRAMMING INCLUDED THE DISTRIBUTION OF DIRECT PREACHING AND BIBLE TEACHING, AS WELL AS CONTEMPORARY MUSIC SHOWS AND CHILDREN'S SHOWS, ALL OF WHICH PROMOTE RELIGIOUS WORSHIP, EDUCATION AND TRAINING

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
INSPIRATIONAL HOLDINGS INC 7910 CRESCENT EXECUTIVE DR SUITE 500 CHARLOTTE, NC28217 34-2018804	10000 00 %	HOLDING COMPANY	10,493,876	923,739
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts ***(See the instructions.)***

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . ☐ **Yes** ☑ **No**

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . ☐ **Yes** ☑ **No**

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)*

		Yes	No
106	Did the reporting organization **make** 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	Yes	

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
	Totals			4,283,443

		Yes	No
107	Did the reporting organization **receive** 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		No

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
	Totals			

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

Please Sign Here

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

Signature of officer — Date: 2007-10-04

ROBERT I BRACE VP OF FINANCE
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-empolyed ☐	Preparer's SSN or PTIN (See Gen Inst W)
Firm's name (or yours if self-employed), address, and ZIP + 4: DELOITTE TAX LLP, 227 W TRADE ST SUITE 1100, CHARLOTTE, NC 28202			EIN
			Phone no (704) 887-1500

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information—(See separate instructions.)

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

OMB No 1545-0047

2006

Name of the organization
THE INSPIRATIONAL NETWORK INC

Employer identification number
57-0931093

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) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
ROBERT MOSES 7910 CRESCENT EXECUTIVE DR SUITE 5 CHARLOTTE,NC 28217	AFFILIATE DIRECTOR O 50 00	113,847	29,466	132
JOHN BREWSTER JR 7910 CRESCENT EXECUTIVE DR SUITE 5 CHARLOTTE,NC 28217	AFFILIATE DIRECTOR - 50 00	120,240	24,312	133
TIM EASLEY 7910 CRESCENT EXECUTIVE DR SUITE 5 CHARLOTTE,NC 28217	AFFILIATE DIRECTOR S 50 00	116,658	23,409	133
WILLIAM MCCALL 7910 CRESCENT EXECUTIVE DR SUITE 5 CHARLOTTE,NC 28217	AFFILIATE DIRECTOR - 50 00	106,790	32,758	132
RUSSELL COOPER 7910 CRESCENT EXECUTIVE DR SUITE 5 CHARLOTTE,NC 28217	AFFILIATE DIRECTOR - 50 00	106,369	4,672	132
Total number of other employees paid over $50,000 ▶	57			

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
KENNEDY COVINGTON LOBDELL & HICKMAN LLP 214 N TRYON STREET CHARLOTTE,NC 28202	LEGAL	402,493
THE WISDON CENTER 4051 DENTON HIGHWAY FORT WORTH,TX 76117	MINISTERIAL SERVICES	100,000
DAVID R MONROE 7229 MEADOW RUN LANE CHARLOTTE,NC 28277	CONSULTING	82,500
KENNETH C ALLEN 5228 ROCKY HILL DRIVE LILBURN,GA 30047	CONSULTING	52,000
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 for instructions.)

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
FRANK FRAIS 9978 BLACK HORSE RUN FORT MILL,SC 29715	LIGHTING	80,258
LARS A KAPFER 8015 FAIRMEADOWS DRIVE CHARLOTTE,NC 28269	EDITOR	75,000
DAVID TALLY 340 SAND PAVER WAY FORT MILL,SC 29708	EDITOR	68,171
JAMES MCGIVNEY 4309 CASTLEWOOD RD CHARLOTTE,NC 28209	EDITOR	67,289
PETER J BUKOVEC 16924 COMMONS CREEK DRIVE CHARLOTTE,NC 28277	TAPE OPERATOR	67,029
Total number of other contractors receiving over $50,000 for other services ▶	2	

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

			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, include 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)	1		No
	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			
2	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.)*			
a	Sale, exchange, or leasing property?	2a		No
b	Lending of money or other extension of credit?	2b		No
c	Furnishing of goods, services, or facilities?	2c		No
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)?	2d	Yes	
e	Transfer of any part of its income or assets?	2e		No
3a	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)	3a		No
b	Did the organization have a section 403(b) annuity plan for its employees?	3b		No
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement	3c		No
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		No
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4a		No
b	Did the organization make any taxable distributions under section 4966?	4b		
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		

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

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

f 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 ▶ 0

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ 0

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 331/3%** 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 331/3%** 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 Integrated ☐ 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	(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? Yes	No	(e) Amount of support?
Total ▶					

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)					
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc , purpose					
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					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22					
24 Line 23 minus line 17					
25 Enter 1% of line 23					

26 **Organizations described on lines 10 or 11: a** Enter 2% of amount in column (e), line 24 ▶ **26a**

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** 0

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) ______ (2004) ______ (2003) ______ (2002) ______

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) ______ (2004) ______ (2003) ______ (2002) ______

c Add Amounts from column (e) for lines 15 ______ 16 ______ 17 ______ 20 ______ 21 ______ ▶ **27c**

d Add Line 27a total ______ and line 27b total ______ ▶ **27d**

e Public support (line 27c total minus line 27d total) ▶ **27e**

f Total support for section 509(a)(2) test Enter amount from line 23, column (e) ▶ **27f**

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ **27g**

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

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 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Line	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?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)			
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 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?	32d		
	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?	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?	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement			
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)

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—	**41**		
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**		

If the amount on line 40 is—	**The lobbying nontaxable amount is—**
Not over $500,000	20% of the amount on line 40
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

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)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	**(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.)

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?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of			
(i) Cash	**51a(i)**		No
(ii) Other assets	**a(ii)**		No
b Other transactions			
(i) Sales or exchanges of assets with a noncharitable exempt organization	**b(i)**		No
(ii) Purchases of assets from a noncharitable exempt organization	**b(ii)**		No
(iii) Rental of facilities, equipment, or other assets	**b(iii)**		No
(iv) Reimbursement arrangements	**b(iv)**		No
(v) Loans or loan guarantees	**b(v)**		No
(vi) Performance of services or membership or fundraising solicitations	**b(vi)**		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	**c**		No

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

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

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

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Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

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

OMB No 1545-0172

2006

Attachment Sequence No **67**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
THE INSPIRATIONAL NETWORK INC	Form 990 Page 2	57-0931093

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	

	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
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	4,699,673
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 ▶☐		

(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						
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	
22 **Total.** 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	4,699,673
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								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		

28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 . **28**

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

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

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

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more 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 vechicles 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**

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2006 Compensation Schedule

Name: THE INSPIRATIONAL NETWORK INC

EIN: 57-0931093

Name	Related Organization		Relationship	Compensation Amount	Benefit Plan Contributions	Expense Account	Compensation Description
	Name	EIN					
C DAVID CERULLO	MEDIACOMM INC	56-1795310	Controlled by Taxpayer	239,812	8,142	893	
C DAVID CERULLO	STEEL ROOTS INC	01-0643659	Controlled by Taxpayer	79,937	2,714	298	
C DAVID CERULLO	THE INSPIRATIONAL NETWORKS INC	57-0931093	Controlled by Taxpayer	1,278,996	43,426	4,764	
DALE ARDIZZONE	MEDIACOMM INC	56-1795310	Controlled by Taxpayer	29,225	1,952	22	
DALE ARDIZZONE	STEEL ROOTS INC	01-0643659	Controlled by Taxpayer	9,742	651	7	
DALE ARDIZZONE	THE INSPIRATIONAL NETWORKS INC	57-0931093	Controlled by Taxpayer	155,868	10,412	117	
WILLAM W AIRY	MEDIACOMM INC	56-1795310	Controlled by Taxpayer	42,857	7,564	3,159	
WILLAM W AIRY	STEEL ROOTS INC	01-0643659	Controlled by Taxpayer	14,286	2,521	1,053	
WILLAM W AIRY	THE INSPIRATIONAL NETWORKS INC	57-0931093	Controlled by Taxpayer	228,571	40,341	16,849	

TY 2006 DisqualifiedPersonSchedule

Name: THE INSPIRATIONAL NETWORK INC

EIN: 57-0931093

DisqualBusinessName	Amount	Description
REBEKAH HENDERSON	70,103	SALARY AND BONUS, 401 (K) PLAN, WELFARE BENEFIT PLANS
DONALD HENDERSON	77,377	SALARY AND BONUS, 401 (K) PLAN, WELFARE BENEFIT PLANS
BEN CERULLO	76,833	SALARY AND BONUS, 401 (K) PLAN, WELFARE BENEFIT PLANS
JESSICA CERULLO	69,384	SALARY AND BONUS, 401 (K) PLAN, WELFARE BENEFIT PLANS

TY 2006 Land etc. Schedule

Name: THE INSPIRATIONAL NETWORK INC

EIN: 57-0931093

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
LAND	5,857,794		5,857,794
BUILDING & LEASEHOLDS	9,007,800	3,459,209	5,548,591
EQUIPMENT	27,751,830	19,901,717	7,850,113
VEHICLES	326,841	157,058	169,783
ASSETS UNDER CAPITAL LEASE	21,931,564	6,636,448	15,295,116
CONSTRUCTION-IN-PROGRESS	7,156,503		7,156,503

TY 2006 Mortgages and Notes Payable Schedule

Name: THE INSPIRATIONAL NETWORK INC

EIN: 57-0931093

Total Mortgage Amount: 0

Item No.	1
Lender's Name	THE INSPIRATIONAL NETWORKS INC
Lender's Title	
Relationship to Insider	
Original Amount of Loan	1712000
Balance Due	1564149
Date of Note	2000-01
Maturity Date	2000-01
Repayment Terms	$13,538 MONTHLY
Interest Rate	
Security Provided by Borrower	BUILDING AND EQUIPMENT
Purpose of Loan	NETWORK STUDIOS AND ADMINISTRATIVE OFFICES
Description of Lender Consideration	
Consideration FMV	

TY 2006 Officer Compensation Schedule

Name: THE INSPIRATIONAL NETWORK INC

EIN: 57-0931093

C DAVID CERULLO

	Compensation	EE Benefit Plans	Expense Acct
Program Services	1,049,831	35,646	3,909
Mgmt & General	159,874	5,428	595
Fundraising	389,038	13,208	1,448

A BRUCE CHASTINE

	Compensation	EE Benefit Plans	Expense Acct
Program Services			
Mgmt & General	9,358	8,641	81
Fundraising			

Additional Data

Software ID:
Software Version:
EIN: 57-0931093
Name: THE INSPIRATIONAL NETWORK INC

Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

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
a AMORTIZATION OF FILM COSTS	43a	1,398,723	1,398,723		
b AMORTIZATION OF LAUNCH INCENTIVES	43b	3,495,422	3,495,422		
c AMORTIZATION OF PROGRAM COSTS	43c	843,096	843,096		
d AUTO AND MILEAGE	43d	178,709	153,633	10,150	14,926
e BAD DEBT EXPENSE	43e	83,848		83,848	
f BANK SERVICE CHARGES	43f	299,362	4,972	11,628	282,762
g COMPUTER EXPENSES	43g	252,116	233,935	16,332	1,849
h CONTRACT SERVICES AND LABOR	43h	6,454,563	4,929,672	147,578	1,377,313
i DIGITAL SIGNAL SERVICE	43i	4,571,454	4,127,065		444,389
j DONATIONS	43j	203,000	203,000		
k DUES AND SUBSCRIPTIONS	43k	140,042	107,433	31,375	1,234
l EDUCATION & SEMINARS	43l	29,622	19,153	9,596	873
m INSURANCE EXPENSE	43m	1,453,826	918,427	535,399	
n MEALS AND ENTERTAINMENT	43n	370,429	229,412	17,986	123,031
o NIELSONARBITRON RATINGS EXPENSE	43o	182,979	182,979		
p NON CAPITAL EQUIPMENT	43p	181,486	138,876	41,861	749
q OTHER GENERAL AND ADMINISTRATIVE EXPENSES	43q	26,152	12,884	1,416	11,852
r PRODUCTION COSTS	43r	1,314,819	1,257,292	42	57,485
s PROFESSIONAL SERVICES	43s	1,112,365	651,618	422,237	38,510
t REPAIRS & MAINTENANCE	43t	83,403	65,460	17,943	
u TAGS LICENSES AND FEES	43u	78,027	76,442	1,585	
v TRADE SHOWS AND PREMIUMS	43v	206,140	204,758	993	389
w ADVERTISING AND PROMOTIONS	43w	1,259,953	1,259,098		855

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(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
C DAVID CERULLO 7910 CRESCENT EXECUTIVE DR SUITE 500 CHARLOTTE,NC 28217	CHAIRMAN CEO & PRESIDENT 70 00	1,598,743	54,282	5,952
A BRUCE CHASTINE 7910 CRESCENT EXECUTIVE DR SUITE 500 CHARLOTTE,NC 28217	EVP & CFO 1 00	9,358	8,641	81
DALE ARDIZZONE 7910 CRESCENT EXECUTIVE DR SUITE 500 CHARLOTTE,NC 28217	EVP BUSINESS AFFAIRS AND GENERAL C 50 00	194,835	13,015	146
ROD TAPP 7910 CRESCENT EXECUTIVE DR SUITE 500 CHARLOTTE,NC 28217	EVP MARKETING & SALES 50 00	159,519	51,597	146
H OSSIE MILLS 7910 CRESCENT EXECUTIVE DR SUITE 500 CHARLOTTE,NC 28217	EVP MINISTRY DEVELOPMENT 50 00	198,451	15,963	2,605
RONALD SHUPING 7910 CRESCENT EXECUTIVE DR SUITE 500 CHARLOTTE,NC 28217	EVP PROGRAMMING 50 00	130,350	44,329	143
THOMAS HOHMAN 7910 CRESCENT EXECUTIVE DR SUITE 500 CHARLOTTE,NC 28217	SENIOR VP AFFILIATE RELATIONS 50 00	320,967	53,105	139
JLARRY SIMS 7910 CRESCENT EXECUTIVE DR SUITE 500 CHARLOTTE,NC 28217	SENIOR VP SALES 50 00	148,158	15,046	134
JOHN ROOS 7910 CRESCENT EXECUTIVE DR SUITE 500 CHARLOTTE,NC 28217	SENIOR VP MARKETING 50 00	141,633	27,285	142
WENDY VINSON 7910 CRESCENT EXECUTIVE DR SUITE 500 CHARLOTTE,NC 28217	SVP MARKETING 50 00	122,969	18,117	140

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(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
CHRISTIE LEGG 7910 CRESCENT EXECUTIVE DR SUITE 500 CHARLOTTE,NC 28217	VP I-LIFETV 50 00	78,595	7,971	189
JAMES DICKSON 7910 CRESCENT EXECUTIVE DR SUITE 500 CHARLOTTE,NC 28217	VP NATIONAL AFFILIATE ACCOUNTS 50 00	245,176	55,991	136
H DOUG BUTTS 7910 CRESCENT EXECUTIVE DR SUITE 500 CHARLOTTE,NC 28217	VP NETWORK PRODUCTIONS 50 00	104,204	16,485	136
WARREN MARCUS 7910 CRESCENT EXECUTIVE DR SUITE 500 CHARLOTTE,NC 28217	VP MEDIA MINISTRY 50 00	83,645	6,086	60
FARLEY LAFFERTY 7910 CRESCENT EXECUTIVE DR SUITE 500 CHARLOTTE,NC 28217	VP MINISTRY OPERATIONS & PARTNER S 50 00	96,447	8,694	120
CHARLES PHELPS 7910 CRESCENT EXECUTIVE DR SUITE 500 CHARLOTTE,NC 28217	VP STEWARDSHIP & PLANNED GIVING 50 00	66,885	13,771	4,847
BARBARA CERULLO 7910 CRESCENT EXECUTIVE DR SUITE 500 CHARLOTTE,NC 28217	DIRECTOR 50 00	119,597	36,187	10,564
TIM ABARE 7910 CRESCENT EXECUTIVE DR SUITE 500 CHARLOTTE,NC 28217	SENIOR VP 50 00	152,594	12,255	3,120
WILLIAM W AIRY 7910 CRESCENT EXECUTIVE DR SUITE 500 CHARLOTTE,NC 28217	EVP & COO 50 00	285,713	50,426	21,062
MARC FAVARO 7910 CRESCENT EXECUTIVE DR SUITE 500 CHARLOTTE,NC 28217	SVP ADVERTISING & NEW MEDIA 50 00	55,690	1,103	56

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(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
TIMOTHY SMITH 7910 CRESCENT EXECUTIVE DR SUITE 500 CHARLOTTE,NC 28217	SVP STEWARDSHIPPLANNED GIVING 50 00	109,790	6,659	7,148
ROBERT BRACE 7910 CRESCENT EXECUTIVE DR SUITE 500 CHARLOTTE,NC 28217	VP FINANCE 50 00	57,048	15,183	70
KENT DEVOLL 7910 CRESCENT EXECUTIVE DR SUITE 500 CHARLOTTE,NC 28217	VP SHORT FORM MINISTRY MEDIA 50 00	82,690	20,606	198
ROSEMARY GREEN 7910 CRESCENT EXECUTIVE DR SUITE 500 CHARLOTTE,NC 28217	VP MINISTRY SALES 50 00	112,748	16,710	129
BART PALMER 7910 CRESCENT EXECUTIVE DR SUITE 500 CHARLOTTE,NC 28217	CHIEF TECHNOLOGY OFFICER 50 00	129,510	40,858	142
MARK SOLOW 7910 CRESCENT EXECUTIVE DR SUITE 500 CHARLOTTE,NC 28217	VP DIGITAL BROADCAST 50 00	123,304	24,475	135
DOUG PREUDHOMME 7910 CRESCENT EXECUTIVE DR SUITE 500 CHARLOTTE,NC 28217	DIRECTOR 2 00	0	0	0

Form 990, Part VI, Line 80b - If "Yes", enter the name of the organization and whether it is exempt or nonexempt:

Name of the Organization	Exempt	Nonexempt
INSPIRATIONAL HOLDINGS INC		X
INSPIRATIONAL MEDIA PROPERTIES INTERNATIONAL INC		X
INSP DIRECT INC DBA INSP MEDIA GROUP		X
STEEL ROOTS INC		X
IMAGICOM ENTERTAINMENT INC		X
MEDIACOMM INC		X

DALE ARDIZZONE

	Compensation	EE Benefit Plans	Expense Acct
Program Services	64,944	4,339	49
Mgmt & General	129,891	8,676	97
Fundraising			

ROD TAPP

	Compensation	EE Benefit Plans	Expense Acct
Program Services	159,519	51,597	146
Mgmt & General			
Fundraising			

H OSSIE MILLS

	Compensation	EE Benefit Plans	Expense Acct
Program Services	153,426	12,341	2,014
Mgmt & General			
Fundraising	45,025	3,622	591

RONALD SHUPING

	Compensation	EE Benefit Plans	Expense Acct
Program Services	130,350	44,329	143
Mgmt & General			
Fundraising			

THOMAS HOHMAN

	Compensation	EE Benefit Plans	Expense Acct
Program Services	320,967	53,105	139
Mgmt & General			
Fundraising			

JLARRY SIMS

	Compensation	EE Benefit Plans	Expense Acct
Program Services	148,158	15,046	134
Mgmt & General			
Fundraising			

JOHN ROOS

	Compensation	EE Benefit Plans	Expense Acct
Program Services	141,633	27,285	142
Mgmt & General			
Fundraising			

WENDY VINSON

	Compensation	EE Benefit Plans	Expense Acct
Program Services	122,969	18,117	140
Mgmt & General			
Fundraising			

CHRISTIE LEGG

	Compensation	EE Benefit Plans	Expense Acct
Program Services	78,595	7,971	189
Mgmt & General			
Fundraising			

JAMES DICKSON

	Compensation	EE Benefit Plans	Expense Acct
Program Services	245,176	55,991	136
Mgmt & General			
Fundraising			

H DOUG BUTTS

	Compensation	EE Benefit Plans	Expense Acct
Program Services	104,204	16,485	136
Mgmt & General			
Fundraising			

WARREN MARCUS

	Compensation	EE Benefit Plans	Expense Acct
Program Services	66,916	4,869	48
Mgmt & General			
Fundraising	16,729	1,217	12

FARLEY LAFFERTY

	Compensation	EE Benefit Plans	Expense Acct
Program Services	80,051	7,216	100
Mgmt & General			
Fundraising	16,396	1,478	20

CHARLES PHELPS

	Compensation	EE Benefit Plans	Expense Acct
Program Services	60,197	12,394	4,362
Mgmt & General			
Fundraising	6,688	1,377	485

BARBARA CERULLO

	Compensation	EE Benefit Plans	Expense Acct
Program Services	95,678	28,950	8,451
Mgmt & General			
Fundraising	23,919	7,237	2,113

TIM ABARE

	Compensation	EE Benefit Plans	Expense Acct
Program Services	152,594	12,255	3,120
Mgmt & General			
Fundraising			

WILLIAM W AIRY

	Compensation	EE Benefit Plans	Expense Acct
Program Services	285,713	50,426	21,062
Mgmt & General			
Fundraising			

MARC FAVARO

	Compensation	EE Benefit Plans	Expense Acct
Program Services	55,690	1,103	56
Mgmt & General			
Fundraising			

TIMOTHY SMITH

	Compensation	EE Benefit Plans	Expense Acct
Program Services	87,832	5,327	5,718
Mgmt & General			
Fundraising	21,958	1,332	1,430

ROBERT BRACE

	Compensation	EE Benefit Plans	Expense Acct
Program Services	5,705	1,518	7
Mgmt & General	51,343	13,665	63
Fundraising			

KENT DEVOLL

	Compensation	EE Benefit Plans	Expense Acct
Program Services	66,152	16,485	158
Mgmt & General			
Fundraising	16,538	4,121	40

ROSEMARY GREEN

	Compensation	EE Benefit Plans	Expense Acct
Program Services	112,748	16,710	129
Mgmt & General			
Fundraising			

BART PALMER

	Compensation	EE Benefit Plans	Expense Acct
Program Services	97,133	30,644	107
Mgmt & General	32,377	10,214	35
Fundraising			

MARK SOLOW

	Compensation	EE Benefit Plans	Expense Acct
Program Services	123,304	24,475	135
Mgmt & General			
Fundraising			

TY 2006 Other Assets Schedule

Name: THE INSPIRATIONAL NETWORK INC

EIN: 57-0931093

Description	Beginning of Year Amount	End of Year Amount
NON-TRADE AFFILIATE RECEIVABLE	7,899,938	8,639,976
NETWORK LAUNCH FEES	6,996,561	6,162,360
SALES TAX REFUND	327,528	120,572
ACQUIRED PROGRAMMING RIGHTS	2,019,285	2,114,016
ADVANCE	42,684	45,733
LONG TERM DEPOSITS	169,269	183,559
CAPITALIZED FILM COSTS NET	2,934,983	4,225,504
TRADEMARKS AND COPYRIGHTS	121,951	251,525
OTHER REAL ESTATE		410,311

TY 2006 Other Liabilities Schedule

Name: THE INSPIRATIONAL NETWORK INC

EIN: 57-0931093

Description	Beginning of Year Amount	End of Year Amount
CAPITAL LEASE OBLIGATIONS	359,551	14,415,907
ACCRUED NETWORK LAUNCH FEES	4,327,868	3,418,968
PROGRAM RIGHTS	368,460	344,618
OTHER LIABILITIES	108,434	56,545

TY 2006 Relationship Schedule

Name: THE INSPIRATIONAL NETWORK INC

EIN: 57-0931093

Person Name / Business Name	Title or Role	Person Name 2 / Business Name 2	Title or Role 2	Relationship
David Cerullo	President CEO and Chairman	Barbara Cerullo	Director and President of EDW	Spouse

TY 2006 Self Dealing Statement

Name: THE INSPIRATIONAL NETWORK INC

EIN: 57-0931093

Line Number	Explanation
2d	BARBARA AND BEN CERULLO, WIFE AND SON OF DAVID CERULLO, CEO, AND BECKY HENDERSON, DAUGHTER OF DAVID CERULLO, CEO, ARE ALSO EMPLOYEES OF THE INSPIRATIONAL NETWORK, INC. THE ORGANIZATION BELIEVES THEIR COMPENSATION TO BE REASONABLE AND PAID AT FAIR-MARKET-VALUE FOR THE SERVICES PERFORMED. ALSO SEE 990 PART V.

Form **8453-EO**

Department of the Treasury
Internal Revenue Service

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2006, or tax year beginning ____________, 2006, and ending ____________, 20____

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

▶ See instructions.

OMB No 1545-1879

2006

Name of exempt organization: THE INSPIRATIONAL NETWORK, INC

Employer identification number: 57-0931093

Part I **Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8453-EO and enter the applicable amount from the return if any. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a** below and the amount on that line for the return for which you are filing this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (that is, do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here ▶ [X]	**b** **Total revenue,** if any (Form 990, line 12)	**1b**	56391619
2a Form 990-EZ check here ▶ [ ]	**b** **Total revenue,** if any (Form 990-EZ, line 9)	**2b**	
3a Form 1120-POL check here ▶ [ ]	**b** **Total tax** (Form 1120-POL, line 22)	**3b**	
4a Form 990-PF check here ▶ [ ]	**b** **Tax based on investment income** (Form 990-PF, Part VI, line 5)	**4b**	
5a Form 8868 check here ▶ [ ]	**b** **Balance due** (Form 8868, line 3c)	**5b**	

Part II **Declaration of Officer**

6 [ ] I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

[ ] If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2006 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Sign Here ▶ Robert J Brone, CPA, CFE | 8/27/07 ▶ V.P. of Finance

Signature of officer | Date | Title

Part III **Declaration of Electronic Return Originator (ERO) and Paid Preparer** (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Publication 4206, Information for Authorized IRS *e-file* Providers of Exempt Organization Filings. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only

ERO's signature ▶ [signature] | Date 8-24-07 | Check if also paid preparer [ ] | Check if self-employed [ ] | ERO's SSN or PTIN

Firm's name (or yours if self-employed), address, and ZIP code ▶ DELOITTE TAX, LLP
227 W. TRADE ST., SUITE 1100
CHARLOTTE, NC 28202

EIN 86-1065772

Phone no.

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer's Use Only

Preparer's signature ▶ | Date | Check if self-employed [ ] | Preparer's SSN or PTIN

Firm's name (or yours if self-employed), address, and ZIP code ▶

EIN

Phone no. 704-887-1500

LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions. Form **8453-EO** (2006)

623081 11-10-06