

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
2007
Open to Public Inspection

A For the 2007 calendar year, or tax year beginning 01-01-2007 and ending 12-31-2007

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

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: 3000 WORLDREACH DRIVE
 City or town, state or country, and ZIP + 4: INDIAN LAND, SC 29707

D Employer identification number: 57-0931093
E Telephone number: (803) 578-1000
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).

G Web site: www.insp.com
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.

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)

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12: 69,376,097

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			
	b Direct public support (not included on line 1a)	1b		35,329,328	
	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 \$ 35,329,328 noncash \$ _____)	1e			35,329,328
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			35,224,948
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4			304,146
	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				
	8b				
c Gain or (loss) (attach schedule)	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 <input type="checkbox"/>	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			-1,482,325	
12 Total revenue Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12			69,376,097	
Expenses	13 Program services (from line 44, column (B))	13		49,202,759	
	14 Management and general (from line 44, column (C))	14		4,738,387	
	15 Fundraising (from line 44, column (D))	15		6,294,050	
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses Add lines 16 and 44, column (A)	17			60,235,196
Net Assets	18 Excess or (deficit) for the year Subtract line 17 from line 12	18		9,140,901	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		50,166,314	
	20 Other changes in net assets or fund balances (attach explanation)	20		700,000	
	21 Net assets or fund balances at end of year Combine lines 18, 19, and 20	21			60,007,215

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 <input type="checkbox"/>	22a			
22b Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) 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)	25a	5,496,660	4,512,655	420,772
b Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule)	25b	659,513	541,451	50,485
c 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	394,087	323,538	30,167
26 Salaries and wages of employees not included on lines 25a, b and c	26	11,644,267	9,480,701	1,636,531
27 Pension plan contributions not included on lines 25a, b and c	27			
28 Employee benefits not included on lines 25a - 27	28	77,724	73,926	3,798
29 Payroll taxes	29	1,423,413	1,053,418	336,718
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33	94,590	81,396	11,038
34 Telephone	34	374,095	342,159	25,903
35 Postage and shipping	35	1,677,644	1,550,592	10,584
36 Occupancy	36	884,700	682,848	196,156
37 Equipment rental and maintenance	37			
38 Printing and publications	38	1,296,921	1,079,506	12,537
39 Travel	39	1,865,915	1,560,227	204,192
40 Conferences, conventions, and meetings	40			
41 Interest	41	1,491,805	1,294,123	197,682
42 Depreciation, depletion, etc (attach schedule)	42	4,391,311	4,210,483	180,828
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	60,235,196	49,202,759	4,738,387

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 MINISTRY SEEKS TO PROMOTE, PRODUCE, AND PROVIDE RELIGIOUS, CHARITABLE, AND EDUCATIONAL PROGRAMMING THAT COMMUNICATES THE GOSPEL TO PEOPLES OF THE WORLD THROUGH BOTH LIVE AND TAPED RELIGIOUS content aired on linear television and various server based platforms including broadband, video on demand and wireless. the potential audience is more than 1 billion households domestically and internationally. As a result, the religious development of men, women and children is enhanced. The ministry encourages the creation and broadcasting of cross denominational programming from a wide variety of faith groups as well as promoting, sponsoring and producing the actual religious and Christian programming for cablecasting to various cable television companies. the ministry's religious programming included the distribution of direct preaching and bible teaching, as well as music shows from various genres and shows for children and teens, all of which promote religious worship, education and training. (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	49,202,759
b _____ _____ (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
c _____ _____ (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
d _____ _____ _____ (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	49,202,759

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)		(B)		
		Beginning of year		End of year		
Assets	45 Cash—non-interest-bearing		630,202	45	1,226,071	
	46 Savings and temporary cash investments		6,855,442	46	13,706,032	
	47a Accounts receivable	47a	4,148,724			
	b Less allowance for doubtful accounts	47b	352,357	3,508,568	47c	3,796,367
	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		464,300	52	301,412	
	53 Prepaid expenses and deferred charges		658,638	53	964,434	
	54a Investments—publicly-traded securities <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		72,575	54a	61,120	
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> 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	108,428,523				
b Less accumulated depreciation (attach schedule)	57b	34,971,255	41,877,900	57c	73,457,268	
58 Other assets, including program-related investments (describe <input type="checkbox"/> _____)			22,153,556	58	22,861,079	
59 Total assets (must equal line 74) Add lines 45 through 58			76,221,181	59	116,373,783	
Liabilities	60 Accounts payable and accrued expenses		5,887,291	60	10,954,983	
	61 Grants payable			61		
	62 Deferred revenue		367,389	62	416,567	
	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)		1,564,149	64b	26,525,515	
	65 Other liabilities (describe <input type="checkbox"/> _____)		18,236,038	65	18,469,503	
66 Total liabilities Add lines 60 through 65			26,054,867	66	56,366,568	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
	67 Unrestricted		50,166,314	67	60,007,215	
	68 Temporarily restricted			68		
	69 Permanently restricted			69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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)			50,166,314	73	60,007,215
	74 Total liabilities and net assets / fund balances Add lines 66 and 73			76,221,181	74	116,373,783

Part V-A Current Officers, Directors, Trustees, and Key Employees <i>(continued)</i>	Yes	No
75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings <u>3</u>		
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" If "Yes," attach a statement that includes the information described in the instructions	75c Yes	
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
ROD TAPP 3000 WORLDREACH DRIVE INDIAN LAND, SC 29707	0	198,779	35,386	540
JAMES DICKSON 3000 WORLDREACH DRIVE INDIAN LAND, SC 29707	0	211,967	40,415	582
TIM ABARE 3000 WORLDREACH DRIVE INDIAN LAND, SC 29707	0	30,139	2,145	110
BART PALMER 3000 WORLDREACH DRIVE INDIAN LAND, SC 29707	0	117,913	21,064	473

Part VI Other Information <i>(See the instructions.)</i>	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? If "Yes," attach a conformed copy of the changes	77	No
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 <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a Enter direct or indirect political expenditures (See line 81 instructions) <u>81a</u>		
b Did the organization file Form 1120-POL for this year?	81b	No

Part VI Other Information (continued)

Form with multiple sections (82a-91b) containing questions and answers regarding organizational activities, tax status, and financial information. Includes sub-sections like 85c-f, 86a-b, 87a-b, 89a-f, and 90a-b.

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c Yes 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.

Table with 5 columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include 93 Program service revenue, 94 Membership dues, 95 Interest on savings, 96 Dividends, 97 Net rental income, 98 Net rental income from personal property, 99 Other investment income, 100 Gain or loss from sales, 101 Net income from special events, 102 Gross profit from sales, 103 Other revenue, 104 Subtotal, 105 Total.

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.)

Table with 2 columns: 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.

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

Table with 5 columns: (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.

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					No
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
Totals				0	

				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				Yes	
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a	MEDIACOMM INC 9700 SOUTHERN PINE BLVD CHARLOTTE, NC 28273	561795310	MANAGEMENT SERVICE FEES WHICH INCLUDE PERSONNEL, FACILITY AND EQUIPMENT	4,218,447	
Totals				4,218,447	




				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	2008-11-13 Date
 ROBERT I BRACE Senior VP of Finance Type or print name and title	

Paid Preparer's Use Only

Preparer's signature 	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W)
Firm's name (or yours if self-employed), address, and ZIP + 4		EIN 	
DELOITTE TAX LLP 150 fayetteville street mall suite raleigh, NC 27601		Phone no  (919) 546-8000	

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

2007

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 1 of the instructions. List each one. If there are none, enter "None.")

Table with 5 columns: (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. Rows include Keith Woodard, William McCall, Tim Easley, Russell Cooper, and Gregory Richardson.

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individual or firms). If there are none, enter "None.")

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$50,000, (b) Type of service, (c) Compensation. Row includes KL Gates LLP for legal 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 individual or firms. If there are none, enter "None". See page 2 for instructions.)

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$50,000, (b) Type of service, (c) Compensation. Rows include David Tally, Lars A Kapfer, Peter J Bukovec, Brian Pace, and Rowland Bestwina.

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

Yes No

<p>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 1 of Part VI-B)</p> <p>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</p>	1		No
<p>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.) 📄</p>			
<p>a Sale, exchange, or leasing property?</p>	2a		No
<p>b Lending of money or other extension of credit?</p>	2b		No
<p>c Furnishing of goods, services, or facilities?</p>	2c		No
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	2d	Yes	
<p>e Transfer of any part of its income or assets?</p>	2e		No
<p>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)</p>	3a		No
<p>b Did the organization have a section 403(b) annuity plan for its employees?</p>	3b		No
<p>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</p>	3c		No
<p>d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	3d		No
<p>4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g</p>	4a		No
<p>b Did the organization make any taxable distributions under section 4966?</p>	4b		
<p>c Did the organization make a distribution to a donor, donor advisor, or related person?</p>	4c		
<p>d Enter the total number of donor advised funds owned at the end of the tax year ▶ _____</p>			
<p>e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____</p>			
<p>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 _____</p>			
<p>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 _____</p>			

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 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?		(e) Amount of support?
			Yes	No	
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) 2006	(b) 2005	(c) 2004	(d) 2003	(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 (2006) _____ (2005) _____ (2004) _____ (2003) _____					
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 (2006) _____ (2005) _____ (2004) _____ (2003) _____					
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)

		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?		
b	Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
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)		
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?		
	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?		
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		
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		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 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— 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	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	

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 11 of the instructions)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in) a	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(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 11 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

- 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**.)

Yes	No	Amount

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

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

2007

Department of the Treasury Internal Revenue Service

See separate instructions. Attach to your tax return.

Attachment Sequence No 67

Table with 3 columns: Name(s) shown on return, Business or activity to which this form relates, Identifying number.

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.

Table with 2 columns: Description, Amount. Rows 1-5.

Table with 3 columns: (a) Description of property, (b) Cost (business use only), (c) Elected cost. Rows 6-13.

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)

Table with 2 columns: Description, Amount. Rows 14-16.

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

Section A

Table with 2 columns: Description, Amount. Rows 17-18.

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows 19a-i.

Section C—Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System

Table with 7 columns: (a) Class life, (b) Recovery period, (c) Convention, (d) Method, (e) Depreciation deduction. Rows 20a-c.

Part IV Summary (see instructions)

Table with 2 columns: Description, Amount. Rows 21-23.

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

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation/deduction, (i) Elected section 179 cost. Includes rows 25-29 for special allowances and business use percentages.

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.

Table with 6 main columns: (a) Vehicle 1, (b) Vehicle 2, (c) Vehicle 3, (d) Vehicle 4, (e) Vehicle 5, (f) Vehicle 6. Rows 30-36 cover total miles driven and personal use availability.

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).

Table with 2 columns: Yes, No. Rows 37-41 cover policy statements and requirements for employer-provided vehicles.

Part VI Amortization

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Includes rows 42-44 for amortization calculations.

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

TY 2007 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	227,440	8,358	2,051	
C DAVID CERULLO	STEEL ROOTS INC	01-0643659	Controlled by Taxpayer	75,813	2,786	684	
C DAVID CERULLO	THE INSPIRATIONAL NETWORKS INC	57-0931093	Controlled by Taxpayer	1,213,011	44,578	10,937	
DALE ARDIZZONE	MEDIACOMM INC	56-1795310	Controlled by Taxpayer	36,444	2,507	105	

Name	Related Organization		Relationship	Compensation Amount	Benefit Plan Contributions	Expense Account	Compensation Description
	Name	EIN					
DALE ARDIZZONE	STEEL ROOTS INC	01-0643659	Controlled by Taxpayer	12,148	836	35	
DALE ARDIZZONE	THE INSPIRATIONAL NETWORKS INC	57-0931093	Controlled by Taxpayer	194,368	13,371	563	
WILLAM WAIRY	MEDIACOMM INC	56-1795310	Controlled by Taxpayer	49,662	6,597	6,221	
WILLAM WAIRY	STEEL ROOTS INC	01-0643659	Controlled by Taxpayer	16,554	2,199	2,074	

Name	Related Organization		Relationship	Compensation Amount	Benefit Plan Contributions	Expense Account	Compensation Description
	Name	EIN					
WILLAM WAIRY	THE INSPIRATIONAL NETWORKS INC	57-0931093	Controlled by Taxpayer	264,863	35,184	33,177	

TY 2007 Mortgages and Notes Payable Schedule

Name: THE INSPIRATIONAL NETWORK INC

EIN: 57-0931093

Total Mortgage Amount: 0

TY 2007 Other Assets Schedule

Name: THE INSPIRATIONAL NETWORK INC

EIN: 57-0931093

Description	Beginning of Year Amount	End of Year Amount
NON-TRADE AFFILIATE RECEIVABLE	8,639,976	8,885,704
NETWORK LAUNCH FEES	6,162,360	5,827,156
SALES TAX REFUND	120,572	45,808
ACQUIRED PROGRAMMING RIGHTS	2,114,016	1,993,501
ADVANCE	45,733	7,309
LONG TERM DEPOSITS	183,559	184,674
CAPITALIZED FILM COSTS NET	4,225,504	4,978,343
TRADEMARKS AND COPYRIGHTS	251,525	279,773
ASSETS HELD FOR SALE	410,311	658,811

TY 2007 Other Changes in Net Assets Schedule

Name: THE INSPIRATIONAL NETWORK INC

EIN: 57-0931093

Description	Amount
PRIOR PERIOD ADJUSTMENT	700,000

TY 2007 Other Liabilities Schedule**Name:** THE INSPIRATIONAL NETWORK INC**EIN:** 57-0931093

Description	Beginning of Year Amount	End of Year Amount
CAPITAL LEASE OBLIGATIONS	14,415,907	13,872,259
ACCRUED NETWORK LAUNCH FEES	3,418,968	2,919,529
INTEREST RATE SWAP AGREEMENT	0	1,482,325
PROGRAM RIGHTS	344,618	130,000
OTHER LIABILITIES	56,545	65,390

TY 2007 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
Barbara Cerullo	Director and President of EDW	David Cerullo	President CEO and Chairman	Spouse

TY 2007 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 part v.

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):

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
a AMORTIZATION OF FILM COSTS	43a	1,752,576	1,752,576		
b AMORTIZATION OF LAUNCH INCENTIVES	43b	3,041,978	3,041,978		
c AMORTIZATION OF PROGRAM COSTS	43c	942,415	942,415		
d AUTO AND MILEAGE	43d	207,432	191,375	11,472	4,585
e BANK SERVICE CHARGES	43e	413,273	5,581	28,863	378,829
f COMPUTER EXPENSES	43f	256,108	225,724	30,384	
g CONTRACT SERVICES AND LABOR	43g	7,987,513	5,791,730	240,255	1,955,528
h DIGITAL SIGNAL SERVICE	43h	7,408,898	5,254,001		2,154,897
i DONATIONS	43i	179,475	179,442		33
j DUES AND SUBSCRIPTIONS	43j	160,189	122,422	36,370	1,397
k EDUCATION & SEMINARS	43k	55,230	35,389	19,822	19
l INSURANCE EXPENSE	43l	1,749,379	1,106,882	642,497	
m MEALS AND ENTERTAINMENT	43m	295,400	269,681	17,864	7,855
n NIELSONARBITRON RATINGS EXPENSE	43n	181,230	181,230		
o NON CAPITAL EQUIPMENT	43o	119,950	91,480	28,315	155
p OTHER GENERAL AND ADMINISTRATIVE EXPENSES	43p	127,745	111,905	11,199	4,641
q PRODUCTION COSTS	43q	1,319,787	1,221,434	20	98,333
r PROFESSIONAL SERVICES	43r	1,157,646	769,736	375,295	12,615
s REPAIRS & MAINTENANCE	43s	79,633	63,563	16,070	
t TAGS LICENSES AND FEES	43t	85,351	82,605	2,746	
u TRADE SHOWS AND PREMIUMS	43u	204,757	194,147	7,476	3,134
v ADVERTISING AND PROMOTIONS	43v	770,675	770,675		
w bad debt expense	43w	-34,089	9,765	-43,854	

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 3000 WORLDREACH DRIVE INDIAN LAND, SC 29707	CHAIRMAN CEO & PRESIDENT 70 00	1,516,264	55,723	13,671
WILLIAM WAIRY 3000 WORLDREACH DRIVE INDIAN LAND, SC 29707	EVP & COO 1 00	331,079	43,980	41,471
DALE ARDIZZONE 3000 WORLDREACH DRIVE INDIAN LAND, SC 29707	EVP BUSINESS AFFAIRS AND GENERAL C 50 00	242,959	16,713	703
H OSSIE MILLS 3000 WORLDREACH DRIVE INDIAN LAND, SC 29707	EVP MINISTRY DEVELOPMENT 50 00	242,184	32,714	11,866
RONALD SHUPING 3000 WORLDREACH DRIVE INDIAN LAND, SC 29707	EVP PROGRAMMING 50 00	134,718	46,680	729
THOMAS HOHMAN 3000 WORLDREACH DRIVE INDIAN LAND, SC 29707	SVP AFFILIATE RELATIONS 50 00	256,851	56,696	743
JLARRY SIMS 3000 WORLDREACH DRIVE INDIAN LAND, SC 29707	SVP SALES 50 00	182,825	15,255	709
JOHN ROOS 3000 WORLDREACH DRIVE INDIAN LAND, SC 29707	SVP MARKETING 50 00	151,071	30,191	715
WENDY VINSON 3000 WORLDREACH DRIVE INDIAN LAND, SC 29707	SVP MARKETING 50 00	135,764	20,667	697
CHRISTIE LEGG 3000 WORLDREACH DRIVE INDIAN LAND, SC 29707	VP I-LIFETV 50 00	80,082	12,732	804

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
H DOUG BUTTS 3000 WORLDREACH DRIVE INDIAN LAND, SC 29707	VP NETWORK PRODUCTIONS 50 00	110,878	18,310	695
WARREN MARCUS 3000 WORLDREACH DRIVE INDIAN LAND, SC 29707	VP MEDIA MINISTRY 50 00	132,619	10,904	605
FARLEY LAFFERTY 3000 WORLDREACH DRIVE INDIAN LAND, SC 29707	VP MINISTRY OPERATIONS & PARTNER S 50 00	102,359	9,923	695
CHARLES PHELPS 3000 WORLDREACH DRIVE INDIAN LAND, SC 29707	VP STEWARDSHIP & PLANNED GIVING 50 00	64,018	18,852	8,160
BARBARA CERULLO 3000 WORLDREACH DRIVE INDIAN LAND, SC 29707	DIRECTORPRESIDENT OF EDW 50 00	150,291	44,722	3,310
DOUG PREUDHOMME 3000 WORLDREACH DRIVE INDIAN LAND, SC 29707	DIRECTOR 50 00	0	0	0
MARC FAVARO 3000 WORLDREACH DRIVE INDIAN LAND, SC 29707	SVP ADVERTISING & NEW MEDIA 50 00	344,845	13,248	687
TIMOTHY SMITH 3000 WORLDREACH DRIVE INDIAN LAND, SC 29707	SVP STEWARDSHIPPLANNED GIVING 50 00	146,007	21,540	818
ROBERT BRACE 3000 WORLDREACH DRIVE INDIAN LAND, SC 29707	SVP FINANCE 50 00	124,723	34,154	700
KENT DEVOLL 3000 WORLDREACH DRIVE INDIAN LAND, SC 29707	VP SHORT FORM MINISTRY MEDIA 50 00	92,017	23,442	818

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
ROSEMARY GREEN 3000 WORLDREACH DRIVE INDIAN LAND, SC 29707	VP MINISTRY SALES 50 00	125,999	18,864	691
CECIL ELMORE 3000 WORLDREACH DRIVE INDIAN LAND, SC 29707	CHIEF INFORMATION OFFICER 50 00	31,462	0	0
MARK SOLOW 3000 WORLDREACH DRIVE INDIAN LAND, SC 29707	VP DIGITAL BROADCAST 50 00	133,745	28,611	692

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

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2007, or tax year beginning _____, 2007, and ending _____, 20__

2007

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

See instructions.

Department of the Treasury Internal Revenue Service

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 (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

Table with 5 rows (1a-5a) and 2 columns (b Total revenue/tax/balance due). Row 1a is checked with amount 69376097.

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.

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 2007 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 Signature of officer: [Signature] Date: 11/11/08 Title: SENIOR VP OF FINANCE

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 Pub. 4163, Modernization e-file (MeF) Information for Authorized IRS e-file Providers. 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: Signature: Emily Hayes Smith, Date: 11/11/08, Check if also paid preparer, Check if self-employed, ERO's SSN or PTIN, Firm's name: DELOITTE TAX LLP, EIN: 86-1065772, address: 150 FAYETTEVILLE STREET MALL, STE.1800, RALEIGH, NC 27601, 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, EIN, address, and ZIP code, Phone no.