

Return of Organization Exempt From Income Tax

2001

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2001 calendar year, or tax year beginning May 1, 2001, and ending December 31, 2001

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

C Name of organization
The Children's Gospel Hour

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
235 Conatser Lane

City or town, state or country, and ZIP + 4
Livingston, TN 38570-8738

D Employer identification number
62-6052010

E Telephone number
(931) 823-5655

F Accounting method: Cash Accrual
 Other (specify) _____

G Web site: None

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

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

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

- 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 N/A
(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 N/A
- I** Enter 4-digit GEN _____
- M** Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16.)

		1a	1b	1c	1d	2	3	4	5	6a	6b	6c	7	8a	8b	8c	8d	9a	9b	9c	10a	10b	10c	11	12	13	14	15	16	17	18	19	20	21		
Revenue	1 Contributions, gifts, grants, and similar amounts received:																																			
	a Direct public support	21,852																																		
	b Indirect public support																																			
	c Government contributions (grants)																																			
	d Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)					21,852																														
	2 Program service revenue including government fees and contracts (from Part VII, line 93)						53,370																													
	3 Membership dues and assessments						0																													
	4 Interest on savings and temporary cash investments						347																													
	5 Dividends and interest from securities						0																													
	6a Gross rents																																			
	b Less: rental expenses																																			
	c Net rental income or (loss) (subtract line 6b from line 6a)												0																							
7 Other investment income (describe _____)													0																							
8a Gross amount from sales of assets other than inventory	(A) Securities																																			
	b Less: cost or other basis and sales expenses																																			
	c Gain or (loss) (attach schedule)																																			
	d Net gain or (loss) (combine line 8c, columns (A) and (B))																																			
9 Special events and activities (attach schedule)	a Gross revenue (not including \$ _____ of contributions reported on line 1a)																																			
	b Less: direct expenses other than fundraising expenses																																			
	c Net income or (loss) from special events (subtract line 9b from line 9a)																																			
10a Gross sales of inventory, less returns and allowances																																				
	b Less: cost of goods sold																																			
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)																																			
11 Other revenue (from Part VII, line 103)																																				
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)																																				
Expenses	13 Program services (from line 44, column (B))																																			
	14 Management and general (from line 44, column (C))																																			
	15 Fundraising (from line 44, column (D))																																			
	16 Payments to affiliates (attach schedule)																																			
	17 Total expenses (add lines 13 through 16)																																			
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)																																			
	19 Net assets or fund balances at beginning of year (from line 73, column (A))																																			
	20 Other changes in net assets or fund balances (attach explanation)																																			
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)																																			

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Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 21.)

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
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	0			
23	Specific assistance to individuals (attach schedule)	0			
24	Benefits paid to or for members (attach schedule)	0			
25	Compensation of officers, directors, etc.	0			
26	Other salaries and wages	5,416	4,333	1,083	
27	Pension plan contributions	0			
28	Other employee benefits	0			
29	Payroll taxes	1,100	880	220	
30	Professional fundraising fees	0			
31	Accounting fees	0			
32	Legal fees	0			
33	Supplies	30,854	24,683	6,171	
34	Telephone	1,067	854	213	
35	Postage and shipping	302	242	60	
36	Occupancy	10,710	8,568	2,142	
37	Equipment rental and maintenance	0			
38	Printing and publications	37	30	7	
39	Travel	54	43	11	
40	Conferences, conventions, and meetings	0			
41	Interest	0			
42	Depreciation, depletion, etc. (attach schedule)	903	722	181	
43	Other expenses not covered above (itemize): a	1,786	1,429	357	
b		19,508	15,606	3,902	
c		9,895	7,916	1,979	
d		687	550	137	
e		8,506	6,805	1,701	
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	90,825	72,661	18,164	

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 Specific Instructions on page 24.)

What is the organization's primary exempt purpose? <i>Religious Instruction</i>	Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts, but optional for others.)
a <i>Provided a summer youth camp, youth activities & service/mission projects to further the spiritual values of children and adults.</i> (Grants and allocations \$ _____)	71,839
b _____ (Grants and allocations \$ _____)	
c _____ (Grants and allocations \$ _____)	
d _____ (Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	

Part IV Balance Sheets (See Specific Instructions on page 24.)

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	30,326	45	18,306
	46 Savings and temporary cash investments	829	46	832
	47a Accounts receivable	0		
	b Less: allowance for doubtful accounts		47c	0
	48a Pledges receivable	0		
	b Less: allowance for doubtful accounts		48c	0
	49 Grants receivable	0	49	0
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)	0	50	0
	51a Other notes and loans receivable (attach schedule)	0		
	b Less: allowance for doubtful accounts	0	51c	0
	52 Inventories for sale or use	0	52	0
	53 Prepaid expenses and deferred charges	0	53	0
	54 Investments—securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	54	0
	55a Investments—land, buildings, and equipment: basis	0		
	b Less: accumulated depreciation (attach schedule)	0	55c	0
	56 Investments—other (attach schedule)	0	56	0
	57a Land, buildings, and equipment: basis	559,118		
	b Less: accumulated depreciation (attach schedule) 188,610 by end	begin 188,250	57c	370,508
	58 Other assets (describe _____)		58	0
59 Total assets (add lines 45 through 58) (must equal line 74)	402,023	59	389,646	
Liabilities	60 Accounts payable and accrued expenses	0	60	0
	61 Grants payable	0	61	0
	62 Deferred revenue	0	62	0
	63 Loans from officers, directors, trustees, and key employees (attach schedule)	0	63	0
	64a Tax-exempt bond liabilities (attach schedule)	0	64a	0
	b Mortgages and other notes payable (attach schedule)	0	64b	0
	65 Other liabilities (describe _____)	0	65	0
66 Total liabilities (add lines 60 through 65)	0	66	0	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	402,023	67	389,646
	68 Temporarily restricted	0	68	0
	69 Permanently restricted	0	69	0
	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	389,646
	71 Paid-in or capital surplus, or land, building, and equipment fund	0	71	0
	72 Retained earnings, endowment, accumulated income, or other funds	0	72	0
73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	402,023	73	389,646	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	402,023	74	389,646	

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.

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 32.)

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 <u>Camp Fees</u>					31,595
b <u>Retreat Fees</u>					21,775
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	347	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory			3	2,879	
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				3,226	53,370
105 Total (add line 104, columns (B), (D), and (E))					56,596

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 32.)

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).
▼	N/A

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33.)

(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
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 33.)

- (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).

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.

Please Sign Here

Signature of officer: Rev. Allen Steele Date: 1 Sept 22, 2003

Type or print name and title: Rev. Allen Steele - Camp Director / Executive Director

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____

Firm's name (or yours if self-employed), address, and ZIP + 4: _____

Check if self-employed:

Preparer's SSN or PTIN (See Gen Inst W): _____

EIN: _____

Phone no: () _____

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions, page 26.)

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

a Total revenue, gains, and other support per audited financial statements . . . ▶ **a** *N/A*

b Amounts included on line a but not on line 12, Form 990:

(1) Net unrealized gains on investments . . . \$ _____

(2) Donated services and use of facilities \$ _____

(3) Recoveries of prior year grants . . . \$ _____

(4) Other (specify):

 _____ \$ _____

Add amounts on lines (1) through (4) ▶ **b** _____

c Line a minus line b ▶ **c** _____

d Amounts included on line 12, Form 990 but not on line a:

(1) Investment expenses not included on line 6b, Form 990 . . . \$ _____

(2) Other (specify):

 _____ \$ _____

Add amounts on lines (1) and (2) ▶ **d** _____

e Total revenue per line 12, Form 990 (line c plus line d) ▶ **e** _____

a Total expenses and losses per audited financial statements . . . ▶ **a** *N/A*

b Amounts included on line a but not on line 17, Form 990:

(1) Donated services and use of facilities \$ _____

(2) Prior year adjustments reported on line 20, Form 990 \$ _____

(3) Losses reported on line 20, Form 990 . . . \$ _____

(4) Other (specify):

 _____ \$ _____

Add amounts on lines (1) through (4) ▶ **b** _____

c Line a minus line b ▶ **c** _____

d Amounts included on line 17, Form 990 but not on line a:

(1) Investment expenses not included on line 6b, Form 990 . . . \$ _____

(2) Other (specify):

 _____ \$ _____

Add amounts on lines (1) and (2) ▶ **d** _____

e Total expenses per line 17, Form 990 (line c plus line d) ▶ **e** _____

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see Specific Instructions on page 26.)

(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	(E) Expense account and other allowances
Dr. Cranston Moses, 3855 2062 Pigeon Ridge Rd, Crossville, TN	Secretary as needed	0	0	0
Dr. Dan Foster, 520 Julia Drive, Cookeville TN 38501	Treasurer as needed	0	0	0
Robert Stewart, 5880 Presley Lane, Algood TN 38506	Member	0	0	0
Jim Bollinger, 1305 Hearrell St, Neosho MO 64850	Member	0	0	0
Bill Wallace, 334 Hermitage Ave, Cookeville TN 38501	Member	0	0	0
Bob Burton, 1360 Jamestown Hwy, Livingston, TN. 38501	Member	0	0	0
Rev. Tim Buford, 18106 Hwy 26 West Lucedale, MS 39452	Member	0	0	0
Rev. Allen Steele, 229 Conatser Lane, Livingston TN 38570	Exec. Director 40 Hrs/wk	0	0	0

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? Yes No
 If "Yes," attach schedule—see Specific Instructions on page 27

Part VI Other Information (See Specific Instructions on page 27.)

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
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.		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
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?		X
b	If "Yes," enter the name of the organization <u>N/A</u> 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> <u>N/A</u>		
b	Did the organization file Form 1120-POL for this year?		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) <u>82b</u> <u>\$ 8,960</u>		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		N/A
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	N/A
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	N/A
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	
88	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	88	X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u> </u> ; section 4912 <u> </u> ; section 4955 <u> </u>		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction.	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. <u> </u>		0
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization. <u> </u>		0
90a	List the states with which a copy of this return is filed <u>N/A</u>		
b	Number of employees employed in the pay period that includes March 12, 2001 (See instructions.) <u>90b</u> <u> </u>		0
91	The books are in care of <u>Rev. Allen Steele</u> Telephone no. <u>(931) 823-5655</u> Located at <u>229 Conatser Lane, Livingston TN 38570</u> ZIP + 4 <u>38570-8738</u>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <u>92</u> <u>N/A</u>		