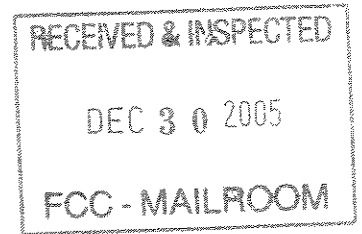


CGBC-0160

**BEFORE THE
FEDERAL COMMUNICATIONS COMMISSION
Washington, D.C. 20554**



In the Matter of: *
Christian Worship Hour, Aberdeen, SD * **CSR** _____
Video Programming Accessibility *
Petition for Temporary Waiver of Closed Captioning Requirements *

STATE OF SOUTH DAKOTA
SS
COUNTY OF BROWN

The Christian Worship Hour of Aberdeen, South Dakota by and through its undersigned president, William O. Edwards, being first duly sworn petitions the Federal Communications Commission as follows:

1. Petitioner is a South Dakota not for profit corporation, EIN 46-0349721. Petitioner is recognized by the Internal Revenue Service as a 501(c)(3) corporation. Its sole purpose is to broadcast weekly worship services from the First Baptist Church, Aberdeen, South Dakota.
2. Petitioner has no full time professional employees but it does have one paid nonprofessional staff member working 10 hours per week.
3. Petitioner's income is entirely composed of contributions from television viewers and other supporters. Its average weekly broadcast expenses are in excess of \$5,000. In 2004 Petitioner reported \$273,055 in gift income against expenses of \$279,687. Petitioner regularly retains on hand sufficient income to cover broadcast expenses for approximately one month. Attached hereto and incorporated by reference is a copy of the organization's 2004 990 return.
4. Petitioner is committed to providing closed captioning services for its viewers and has begun taking steps to implement closed captioning as follows:
 - a. Petitioner is already displaying lyrics to the hymns and worship songs used during the First Baptist worship service;
 - b. When the pastor makes references in his sermon to scripture passages, the text of those scripture passages is also displayed;
 - c. Petitioner has recently solicited bids from entities capable of helping Petitioner develop closed captioning for its programs. Attached is a summary of proposals from two providers, Closed Caption Productions, and Computer Prompting and Captioning Co.;

d. Petitioner has approached the flagship station of the broadcast services, KSFY of Sioux Falls, South Dakota, and asked the station to provide financial and technical assistance for closed captioning. The station is able to provide only limited technical assistance.


5. Unfortunately the implementation of Section 305 of the Telecommunications Act of 1996 caught Petitioner a bit by surprise as Petitioner became aware of the details of this act only recently. Petitioner will need to obtain more factual information regarding the closed captioning proposals referenced above, and then assemble its board of directors to act on a proposal. Petitioner will then need to secure a contract and begin to implement the technology necessary to provide closed captioning for its services. Petitioner therefore requests a 12 month waiver of the Act's closed captioning requirements and will endeavor to provide closed captioning as soon as is reasonably possible.

6. If Petitioner's request for a temporary waiver is not granted it will impose an undue burden on Petitioner. It will result in the immediate loss of several stations, which translates into a significant loss of financial contributions. Petitioner presently has no engineers or technicians on staff who might be able to provide closed captioning in the interim basis. Implementing the rules and schedules immediately is likely to result in the cessation of operations of Petitioner.

7. Petitioner anticipates that the cost of closed captioning will present a financial burden, but it is committed to raising the resources necessary to do so. It is imperative to the organization's existence and purpose that a temporary waiver be granted so that broadcast services are not interrupted as of January 1, 2006.

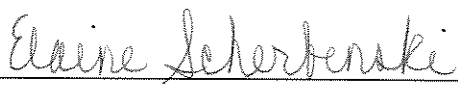
WHEREFORE, Petitioner requests that the Federal Communications Commission enter its order authorizing a waiver of the implementation of Section 305 of the Telecommunications Act of 1996 until January 1, 2007.

Respectfully submitted this 28th day of December, 2005.



William O. Edwards, President
Christian Worship Hour

Subscribed and sworn to before me this 28th day of December, 2005.



Notary Public, South Dakota
My Comm. Expires: 11-9-2010

(SEAL)

first baptist/christian worship hour/petition temp waiver/ees

Form **990** **Return of Organization Exempt From Income Tax** OMB No. 1545-0047
2004
Open to Public Inspection

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

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 2004 calendar year, or tax year beginning and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return
 Amended return
 Reorganization

C Name of organization: **CHRISTIAN WORSHIP HOUR**
 Number and street (or P.O. box if mail is not delivered to street address): **1500 EAST MELGAARD ROAD**
 City or town, state or country, and ZIP + 4: **ABERDEEN, SD 57401-7714**

D Employer identification number: [REDACTED]

E Telephone number: **605-225-9581**

F Accounting method: Cash Accrual Other (specify):

G Website: **N/A**

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? **N/A** Yes No (If "No," attach a list)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

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 5b, 8b, 9b, and 10b to line 12 **▶ 273,368.**

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

1 Contributions, gifts, grants, and similar amounts received				
a Direct public support	1a	273,055.		
b Indirect public support	1b			
c Government contributions (grants)	1c			
d Total (add lines 1a through 1c) (cash \$ 273,055. non-cash \$)	1d		273,055.	
2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			
3 Membership dues and assessments	3			
4 Interest on savings and temporary cash investments	4		313.	
5 Dividends and interest from securities	5			
6 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			
8 a Gross amount from sales of assets other than inventory	(A) Securities 8a	(B) Other 8b		
b Less: cost or other basis and sales expenses	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 1a)	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			
10 a 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 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		273,368.	
13 Program services (from line 44, column (B))	13		279,342.	
14 Management and general (from line 44, column (C))	14		345.	
15 Fundraising (from line 44, column (D))	15			
16 Payments to affiliates (attach schedule)	16			
17 Total expenses (add lines 15 and 44, column (A))	17		279,687.	
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		<6,319.>	
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		97,045.	
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		90,726.	

CHRISTI WORSHIP HOUR

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 4047(b)(1) nonexempt charitable trusts but optional for others. Page 2

Table with columns: (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include: 22 Grants and allocations, 23 Specific assistance to individuals, 24 Benefits paid to or for members, 25 Compensation of officers, directors, etc., 26 Other salaries and wages, 27 Pension plan contributions, 28 Other employee benefits, 29 Payroll taxes, 30 Professional fundraising fees, 31 Accounting fees, 32 Legal fees, 33 Supplies, 34 Telephone, 35 Postage and shipping, 36 Occupancy, 37 Equipment rental and maintenance, 38 Printing and publications, 39 Travel, 40 Conferences, conventions, and meetings, 41 Interest, 42 Depreciation, depletion, etc., 43 Other expenses not covered above (itemize): a TV FEES, b INTERNET FEES, c MISC EXPENSE, d, e. Total functional expenses: 279,687.

Joint Costs. Check [] if you are following SOP 88-2. Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? [] Yes [X] 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

Table with columns: Description, Amount. Row a: PROVIDE CHURCH SERVICES OF FIRST BAPTIST CHURCH ON AIR (Grants and allocations \$) 279,342. Row b: (Grants and allocations \$). Row c: (Grants and allocations \$). Row d: (Grants and allocations \$). Row e: Other program services (attach schedule) (Grants and allocations \$). Total of Program Service Expenses (should equal line 44, column (B), Program services) 279,342.

Form 990 (2004)

CHRISTIAN WORSHIP HOUR

Page 3

Part IV Balance Sheets

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	3,583.	4,568.
	46 Savings and temporary cash investments	78,833.	77,381.
	47 a Accounts receivable		
	b Less: allowance for doubtful accounts		
	48 a Pledges receivable		
	b Less: allowance for doubtful accounts		
	49 Grants receivable		
	50 Receivables from officers, directors, trustees, and key employees		
	51 a Other notes and loans receivable		
	b Less: allowance for doubtful accounts		
	52 Inventories for sale or use		
	53 Prepaid expenses and deferred charges		
	54 Investments - securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		
	55 a Investments - land, buildings, and equipment: basis	35,125.	
	b Less: accumulated depreciation	26,348.	8,777.
56 Investments - other			
57 a Land, buildings, and equipment: basis			
b Less: accumulated depreciation			
58 Other assets (describe)			
59 Total assets (add lines 45 through 58) (must equal line 74)	97,045.	90,726.	
Liabilities	60 Accounts payable and accrued expenses		
	61 Grants payable		
	62 Deferred revenue		
	63 Loans from officers, directors, trustees, and key employees		
	64 a Tax-exempt bond liabilities		
	b Mortgages and other notes payable		
65 Other liabilities (describe)			
66 Total liabilities (add lines 60 through 65)	0.	0.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 70 and 74.		
	67 Unrestricted		
	68 Temporarily restricted		
	69 Permanently restricted		
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds	0.	0.
	71 Paid-in or capital surplus, or land, building, and equipment fund	0.	0.
	72 Retained earnings, endowment, accumulated income, or other funds	97,045.	90,726.
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 59; column (B) must equal line 21)	97,045.	90,726.	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	97,045.	90,726.	

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.

Form 990 (2004)

CHRISTIAN WORSHIP HOUR

Page 4

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue 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	

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

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)

(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
SEE STATEMENT 1		0.	0.	0.

76 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? If "Yes," attach schedule Yes No

Form 990 (2004) CHRISTIAN WORSHIP HOUR Page 5

Part VI Other Information

76 Did the organization engage in any activity not previously reported to the IRS?
77 Were any changes made in the organizing or governing documents but not reported to the IRS?
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
78b If "Yes," has it filed a tax return on Form 990-T for this year?
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year?
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?
81a Enter direct or indirect political expenditures. See line 81 instructions
81b Did the organization file Form 1120-POL for this year?
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?
82b 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.)
83a Did the organization comply with the public inspection requirements for returns and exemption applications?
83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84a Did the organization solicit any contributions or gifts that were not tax deductible?
84b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues non-deductible by members?
85b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85c Dues, assessments, and similar amounts from members
85d Section 162(e) lobbying and political expenditures
85e Aggregate non-deductible amount of section 6033(e)(1)(A) dues notices
85f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?
85h 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 non-deductible lobbying and political expenditures for the following tax year?
86a 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12
86b Gross receipts, included on line 2, for public use of club facilities
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders
87b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)
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?
89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911
89b 501(c)(3) and 501(c)(4) organizations. 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?
90a Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
90b Enter: Amount of tax on line 89c, above, reimbursed by the organization
91 List the state with which a copy of this return is filed
92 Number of employees employed in the pay period that includes March 12, 2004
93 The books are in care of BEVERLY WEIDE Telephone no. 605-225-9581

Located at 1500 E MELGGARD RD, ABERDEEN, SD ZIP + 4 57401-7714

82 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here
and enter the amount of tax-exempt interest received or accrued during the tax year

Form 990 (2004)

CHRISTIAN WORSHIP HOUR

Page 8

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Reduced by section 612, 613, or 614		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exem- ption code	(D) Amount	
93 Program service revenue					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	313.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		313.	0.
105 Total (add line 104, columns (B), (D), and (E))					313.

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 page 34 of 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).

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of 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
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of 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).

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: _____ Type or print name and title: _____

Preparer's signature: _____ Date: _____ Check if self-employed Preparer's SSN or PTIN: _____

Preparer's Name (for you to use if self-employed), address and ZIP + 4: EIDE BAILLY LLP
24 2ND AVE. SW.; PO BOX 430
ABERDEEN, SD 57402-0430

EIN: _____

423101 01-13-05 Phone no: (605) 225-8783

Form 990 (2004)

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms) if there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

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

Schedule A (Form 990 or 990-EZ) 2004 **CHRISTIAN WORSHIP HOUR**

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, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities. (Must equal amounts on line 38, Part VI-A, or line I of Part VII-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
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.)		X
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
e Transfer of any part of its income or assets?		X
3 a Do you make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)		X
b Do you have a section 408(b) annuity plan for your employees?		X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

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 supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(b)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

DEC-22-2005 16:54 From: FIRST BAPTIST CHURCH 6052259583

to: 6052251724

P. 10/17

Schedule A (Form 990 or 990-EZ) 2004 **CHRISTIAN WORSHIP HOUR**

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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
16 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	260,799.	179,517.	140,770.	153,002.	734,088.
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	189.	721.	6,786.	3,056.	10,752.
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			SEE STATEMENT 2 2,318.		2,318.
23 Total of lines 15 through 22	260,988.	180,238.	149,874.	156,058.	747,158.
24 Line 23 minus line 17	260,799.	179,517.	143,088.	153,002.	736,406.
25 Enter 1% of line 23	2,610.	1,802.	1,499.	1,561.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					14,728.
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 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					736,406.
d Add: Amounts from column (e) for lines: 18 _____ 19 _____					
22 <u>2,318.</u> 26b _____					2,318.
e Public support (line 26c minus line 26d total)					734,088.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					99.6852%
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: N/A					
(2003) _____ (2002) _____ (2001) _____ (2000) _____					
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 11, 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: N/A					
(2003) _____ (2002) _____ (2001) _____ (2000) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____					

and line 27b total
 e Public support (line 27c total minus line 27d total)
 f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)
 g Public support percentage (line 27e (unrounded) divided by line 27c total)

27d	N/A
27e	N/A
27f	N/A

DEC-22-2005 16:55 From: FIRST BAPTIST CHURCH 6052259563

To: 6052251724

P. 11/17

Schedule A (Form 990 or 990-EZ) 2004 **CHRISTIAN WORSHIP HOUR**

Page 4

Part V Private School Questionnaire (See page 7 of the instructions.)

N/A

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 a 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.)		
34 a 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. 76-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

Schedule A (Form 990 or 990-EZ) 2004 CHRISTIAN WORSHIP HOUR

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)

N/A

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

Table with columns for (a) Affiliated group totals and (b) To be completed for ALL electing organizations. Rows include 36-44: Limits on Lobbying Expenditures, Total lobbying expenditures, Total exempt purpose expenditures, Lobbying nontaxable amount, Grassroots nontaxable amount, and subtraction lines.

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 46 through 50 on page 11 of the instructions.)

Table for 4-Year Averaging Period with columns for 2004, 2003, 2002, 2001, and Total. Rows include 46-50: Lobbying nontaxable amount, Lobbying ceiling amount, Total lobbying expenditures, Grassroots nontaxable amount, Grassroots ceiling amount, and Grassroots lobbying expenditures.

Part VI-B Lobbying Activity by Nontelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

N/A

Table for Lobbying Activity by Nontelecting Public Charities with columns for Yes, No, and Amount. Rows include 51-56: Influence public opinion on a legislative matter or referendum through the use of various methods.

Schedule A (Form 990 or 990-EZ) 2004 **CHRISTIAN WORSHIP HOUR** Page 8

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 11 of the instructions.)

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

- a Transfers from the reporting organization to a noncharitable exempt organization of:
 - (i) Cash
 - (ii) Other assets
- b Other transactions
 - (i) Sales or exchanges of assets with a noncharitable exempt organization
 - (ii) Purchases of assets from a noncharitable exempt organization
 - (iii) Rental of facilities, equipment, or other assets
 - (iv) Reimbursement arrangements
 - (v) Loans or loan guarantees
 - (vi) Performance of services or membership or fundraising solicitations
- c Sharing of facilities, equipment, mailing lists, other assets, or paid employees
- d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

	Yes	No
a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

N/A

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

52 a 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: N/A

(a) Name of organization	(b) Type of organization	(c) Description of relationship

CHRISTIAN WORSHIP HOUR

FORM 990

PART V - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 1

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVRG HRS/WK</u>	<u>COMPEN- SATION</u>	<u>EMPLOYEE BEN PLAN CONTRIB</u>	<u>EXPENSE ACCOUNT</u>
WILLIAM EDWARDS ABERDEEN SD 57401	PRES 0	0.	0.	0.
MARIE HOVLAND ABERDEEN SD 57401	V PRES 0	0.	0.	0.
PAT KLABO ABERDEEN SD 57401	SEC 0	0.	0.	0.
BEVERLY WEIDE ABERDEEN SD 57401	TREA 0	0.	0.	0.
DR DAROLD OPP ABERDEEN SD 57401	DIR 0	0.	0.	0.
HANK BOWKER ABERDEEN SD 57401	DIR 0	0.	0.	0.
WAYNE GREENFIELD ABERDEEN SD 57401	DIR 0	0.	0.	0.
GREG PETERSON ABERDEEN SD 57401	DIR 0	0.	0.	0.
KENT CUTLER ABERDEEN SD 57401	DIR 0	0.	0.	0.
DR HAROLD E SALEM ABERDEEN SD 57401	SPEAKER 0	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		0.	0.	0.

Form **8868**
(Rev. December 2004)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box.
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II (on page 2 of this form).
Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print	Name of Exempt Organization	Employer identification number
	CHRISTIAN WORSHIP HOUR	
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions.	
	1500 EAST MELGAARD ROAD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	ABERDEEN, SD 57401-7714	

Check type of return to be filed (file a separate application for each return):

- | | | |
|----------------------------------------------|-------------------------------------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ BEVERLY WEIDE
Telephone No. ▶ 605-225-9581 FAX No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a Form 990-T corporation) extension of time until AUGUST 15, 2005 to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year 2004 or
▶ tax year beginning _____, and ending _____

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 8868 (Rev. 12-2004)

36754 CHRISTIAN WORSHIP HOUR

Tax Asset Detail 1/01/04 - 12/31/04

06/08/2005 11:03 AM
Page 1

FYE: 12/31/2004

Asset #	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Sec 168(k) Am't	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
GROUP EQUIPMENT											
1	COMPUTER & TV	6/15/01	2,388.00	0.00	0.00	1,394.00	397.60	1,791.60	596.40	150DB	5:0
2	CAMERAS & CONTROL SYSTEM	6/15/01	32,337.00	0.00	0.00	19,102.00	5,454.00	24,556.00	8,183.00	150DB	5:0
	EQUIPMENT		35,425.00	0.00c	0.00	20,496.00	5,851.60	26,347.60	8,777.40		
	Grand Total		35,125.00	0.00c	0.00	20,496.00	5,851.60	26,347.60	8,777.40		

Closed Caption Productions

\$175/hr

Encoder/modem \$2000

Telephone Coupler \$200

2 Phone lines

Computer Prompting and Captioning Co

\$150/hr

Encoder \$1200

2 Phone lines

\$3500-speech recognition software

\$4500-better software-can fix errors post production for the tapes