

Return of Organization Exempt From Income Tax

2005

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 2005 calendar year, or tax year beginning 2005, and ending

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

Please use IRS label or print or type. See specific instructions.

PEOPLE UNITED FOR CHRIST, INC. P.O. BOX 760 UPLAND, CA 91785

D Employer Identification Number 33-0214242 E Telephone number 909-920-3723 F Accounting method: Cash, Accrual, Other

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

- H and I are not applicable to section 527 organizations H (a) Is this a group return for affiliates? H (b) If 'Yes,' enter number of affiliates H (c) Are all affiliates included? H (d) Is this a separate return filed by an organization covered by a group ruling?

G Web site: WWW.PETERPOPOFF.ORG

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

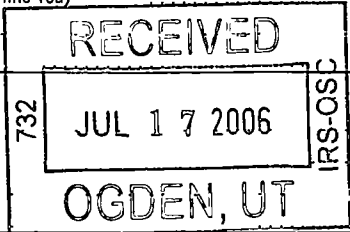
K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 24,511,839.

I Group Exemption Number M Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

Table with 21 rows and 4 columns: Description, (A) Securities, (B) Other, Amount. Includes sections for Contributions, Program service revenue, Investment income, Special events, and Total revenue/expenses.



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Handwritten numbers: 615 16

**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.

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
<b>22</b> Grants and allocations (att sch) (cash \$ _____ non-cash \$ _____)  If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22</b>			
<b>23</b> Specific assistance to individuals (att sch)	<b>23</b>			
<b>24</b> Benefits paid to or for members (att sch)	<b>24</b>			
<b>25</b> Compensation of officers, directors, etc	<b>25</b> 1,189,471.	420,561.	663,770.	105,140.
<b>26</b> Other salaries and wages	<b>26</b> 1,840,208.	736,083.	920,104.	184,021.
<b>27</b> Pension plan contributions	<b>27</b>			
<b>28</b> Other employee benefits	<b>28</b> 158,791.	63,516.	79,396.	15,879.
<b>29</b> Payroll taxes	<b>29</b> 202,735.	81,094.	101,367.	20,274.
<b>30</b> Professional fundraising fees	<b>30</b>			
<b>31</b> Accounting fees	<b>31</b> 56,976.		28,488.	28,488.
<b>32</b> Legal fees	<b>32</b> 168,359.	84,180.	84,179.	
<b>33</b> Supplies	<b>33</b>			
<b>34</b> Telephone	<b>34</b> 909,711.	909,711.		
<b>35</b> Postage and shipping	<b>35</b> 2,493,258.	623,315.		1,869,943.
<b>36</b> Occupancy	<b>36</b> 7,000.	2,800.	2,800.	1,400.
<b>37</b> Equipment rental and maintenance	<b>37</b> 728,914.	291,566.	218,674.	218,674.
<b>38</b> Printing and publications	<b>38</b>			
<b>39</b> Travel	<b>39</b> 273,503.	218,802.	54,701.	
<b>40</b> Conferences, conventions, and meetings	<b>40</b>			
<b>41</b> Interest	<b>41</b> 134,226.		134,226.	
<b>42</b> Depreciation, depletion, etc (attach schedule)	<b>42</b> 202,413.	40,483.	121,447.	40,483.
<b>43</b> Other expenses not covered above (itemize):				
a SEE STATEMENT 2	<b>43a</b> 12,132,022.	8,976,057.	1,600,914.	1,555,051.
b	<b>43b</b>			
c	<b>43c</b>			
d	<b>43d</b>			
e	<b>43e</b>			
f	<b>43f</b>			
g	<b>43g</b>			
<b>44</b> Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	<b>44</b> 20,497,587.	12,448,168.	4,010,066.	4,039,353.

**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 \$ \_\_\_\_\_

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Part III Statement of Program Service Accomplishments

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? <b>SPREAD THE GOSPEL OF JESUS CHRIST</b> 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) organizations and 4947(a)(1) trusts, but optional for others)
<b>a</b> PEOPLE'S UNITED FOR CHRIST, INC. IS A CHRISTIAN MINISTRY ORGANIZED TO SPREAD THE CHRISTIAN GOSPEL OF JESUS CHRIST AROUND THE WORLD THROUGH TELEVISION, LETTERS OF MINISTRY AND ENCOURAGEMENT, AND CRUSADES.  (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	12,448,168.
<b>b</b>  (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>c</b>  (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>d</b>  (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>e</b> Other program services (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>f</b> Total of Program Service Expenses (should equal line 44, column (B), Program services)	12,448,168.

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**Part IV Balance Sheets** (See Instructions)

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

		(A) Beginning of year		(B) End of year
ASSETS	<b>45</b> Cash – non-interest-bearing	1,457,136.	<b>45</b>	3,149,047.
	<b>46</b> Savings and temporary cash investments	2,699,853.	<b>46</b>	2,738,879.
	<b>47a</b> Accounts receivable	<b>47a</b>		
	<b>b</b> Less: allowance for doubtful accounts	<b>47b</b>		<b>47c</b>
	<b>48a</b> Pledges receivable	<b>48a</b>		
	<b>b</b> Less: allowance for doubtful accounts	<b>48b</b>		<b>48c</b>
	<b>49</b> Grants receivable			<b>49</b>
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule)			<b>50</b>
	<b>51a</b> Other notes & loans receivable (attach sch)	<b>51a</b>		
	<b>b</b> Less: allowance for doubtful accounts	<b>51b</b>		<b>51c</b>
	<b>52</b> Inventories for sale or use			<b>52</b>
	<b>53</b> Prepaid expenses and deferred charges	243,832.	<b>53</b>	199,724.
	<b>54</b> Investments – securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		<b>54</b>
	<b>55a</b> Investments – land, buildings, & equipment: basis	<b>55a</b>		
<b>b</b> Less: accumulated depreciation (attach schedule)	<b>55b</b>		<b>55c</b>	
<b>56</b> Investments – other (attach schedule)			<b>56</b>	
<b>57a</b> Land, buildings, and equipment: basis	<b>57a</b> 5,166,281.			
<b>b</b> Less: accumulated depreciation (attach schedule)	<b>57b</b> 574,335.	2,934,343.	<b>57c</b>	4,591,946.
<b>58</b> Other assets (describe ► <u>SEE STATEMENT 4</u> )		4,856.	<b>58</b>	188,938.
<b>59 Total assets</b> (must equal line 74). Add lines 45 through 58		7,340,020.	<b>59</b>	10,868,534.
LIABILITIES	<b>60</b> Accounts payable and accrued expenses	745,969.	<b>60</b>	764,953.
	<b>61</b> Grants payable		<b>61</b>	
	<b>62</b> Deferred revenue		<b>62</b>	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule)		<b>63</b>	
	<b>64a</b> Tax-exempt bond liabilities (attach schedule)		<b>64a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule)	1,179,907.	<b>64b</b>	1,710,030.
	<b>65</b> Other liabilities (describe ► <u>SEE STATEMENT 5</u> )	132,321.	<b>65</b>	176,630.
<b>66 Total liabilities.</b> Add lines 60 through 65		2,058,197.	<b>66</b>	2,651,613.
NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117, check here</b> ► <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	<b>67</b> Unrestricted		<b>67</b>	
	<b>68</b> Temporarily restricted		<b>68</b>	
	<b>69</b> Permanently restricted		<b>69</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> ► <input checked="" type="checkbox"/> and complete lines 70 through 74.			
	<b>70</b> Capital stock, trust principal, or current funds		<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund		<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds	5,281,823.	<b>72</b>	8,216,921.
	<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	5,281,823.	<b>73</b>	8,216,921.
	<b>74 Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	7,340,020.	<b>74</b>	10,868,534.

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

<b>a</b>	Total revenue, gains, and other support per audited financial statements		<b>a</b>	23,432,685.
<b>b</b>	Amounts included on line a but not on Part I, line 12:			
	1 Net unrealized gains on investments	<b>b1</b>		-123,784.
	2 Donated services and use of facilities	<b>b2</b>		
	3 Recoveries of prior year grants	<b>b3</b>		
	4 Other (specify): _____	<b>b4</b>		
	Add lines b1 through b4		<b>b</b>	-123,784.
<b>c</b>	Subtract line b from line a		<b>c</b>	23,556,469.
<b>d</b>	Amounts included on Part I, line 12, but not on line a:			
	1 Investment expenses not included on Part I, line 6b	<b>d1</b>		
	2 Other (specify): _____	<b>d2</b>		
	Add lines d1 and d2		<b>d</b>	
<b>e</b>	Total revenue (Part I, line 12). Add lines c and d		<b>e</b>	23,556,469.

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

<b>a</b>	Total expenses and losses per audited financial statements		<b>a</b>	20,497,587.
<b>b</b>	Amounts included on line a but not on Part I, line 17:			
	1 Donated services and use of facilities	<b>b1</b>		
	2 Prior year adjustments reported on Part I, line 20	<b>b2</b>		
	3 Losses reported on Part I, line 20	<b>b3</b>		
	4 Other (specify): _____	<b>b4</b>		
	Add lines b1 through b4		<b>b</b>	
<b>c</b>	Subtract line b from line a		<b>c</b>	20,497,587.
<b>d</b>	Amounts included on Part I, line 17, but not on line a:			
	1 Investment expenses not included on Part I, line 6b	<b>d1</b>		
	2 Other (specify): _____	<b>d2</b>		
	Add lines d1 and d2		<b>d</b>	
<b>e</b>	Total expenses (Part I, line 17). Add lines c and d		<b>e</b>	20,497,587.

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 6		1,206,121.	130,484.	6,889.



**Part VI Other Information** (continued)

		Yes	No
<b>82 a</b>	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>82 b</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.)		N/A
<b>83 a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
<b>83 b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
<b>84 a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?		X
<b>84 b</b>	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
<b>85 a</b>	501(c)(4), (5), or (6) organizations Were substantially all dues nondeductible by members?		N/A
<b>85 b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		N/A
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.			
<b>85 c</b>	Dues, assessments, and similar amounts from members.		N/A
<b>85 d</b>	Section 162(e) lobbying and political expenditures		N/A
<b>85 e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices.		N/A
<b>85 f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e).		N/A
<b>85 g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A
<b>85 h</b>	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		N/A
<b>86 a</b>	501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 12		N/A
<b>86 b</b>	Gross receipts, included on line 12, for public use of club facilities		N/A
<b>87 a</b>	501(c)(12) organizations. Enter. a Gross income from members or shareholders		N/A
<b>87 b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		N/A
<b>88</b>	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	X	
<b>89 a</b>	501(c)(3) organizations Enter. Amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.		
<b>89 b</b>	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? If 'Yes,' attach a statement explaining each transaction		X
<b>89 c</b>	Enter. Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
<b>89 d</b>	Enter. Amount of tax on line 89c, above, reimbursed by the organization		0.
<b>90 a</b>	List the states with which a copy of this return is filed ▶ AK AZ CO FL IL MD MN NH ND VA WV WI		
<b>90 b</b>	Number of employees employed in the pay period that includes March 12, 2005 (See instructions)		100
<b>91 a</b>	The books are in care of ▶ AMY CARDIFF Telephone number ▶ 909-920-3723 Located at ▶ 550 COLLEGE COMMERCE WAY, UPLAND CA ZIP + 4 ▶ 91786		
<b>91 b</b>	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country ▶ UNITED KINGDOM	X	
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Statements			
<b>91 c</b>	At any time during the calendar year, did the organization maintain an office outside of the United States? If 'Yes,' enter the name of the foreign country ▶ UNITED KINGDOM	X	
<b>92</b>	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	N/A	N/A

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	131,601.	
96 Dividends & interest from securities			14	64,319.	
97 Net rental income or (loss) from real estate:					
a debt-financed property			1	13,500.	
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	-47,231.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____					
b _____			1	3,026.	
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				165,215.	
105 Total (add line 104, columns (B), (D), and (E))					165,215.

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 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).
N/A	

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

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
PETER POPOFF MINISTRIES LTD FIRST POINT, BUCKINGHAM GATE LONDON GATWICK AIRPO, UNITED KINGDOM	100.000 % % %	SPREAD THE GOSPEL	-146,904.	122,811.

**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)

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, its contents are true, correct, and complete. Declaration of preparer (other than officer) is based on information furnished by filer.

Signature of officer: *[Signature]* PRESIDENT

Type or print name and title: PETER GEORGE POPOFF

Paid Preparer's Use Only

Preparer's signature: SANDRA SIEGFRIED

Firm's name (or yours if self-employed), address, and ZIP + 4: STANFIELD & O'DELL P.C.  
3211 S. LAKEWOOD  
TULSA, OK 74135



**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Organization Exempt Under**  
**Section 501(c)(3)**

OMB No 1545-0047

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

**2005**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization: **PEOPLE UNITED FOR CHRIST, INC.**  
Employer identification number: **33-0214242**

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

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
KAREN PEREZ P.O. BOX 760 UPLAND, CA 91785	HR & ACCTG MGR 40	70,958.	2,364.	0.
MICHELLE D. BLACKMON P.O. BOX 760 UPLAND, CA 91785	PRODUCTION MGR 40	62,533.	2,501.	0.
MY DOAN UPLAND, CA 91785	DATA PROCG MGR 40	60,706.	2,365.	0.
Total number of other employees paid over \$50,000 ▶	0			

**Part II - A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
*(See 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
PHILIP HANEY & ASSOCIATES 1437 S. BOULDER AVE SUITE 1050 TULSA, OK	LEGAL	140,415.
ROYAL PROTECTION GROUP 2 SHERMAN AVENUE NEW YORK, NY 10040	SECURITY	99,565.
IVASCU CONSULTING 3743 VIA ZUMAYA ST. #100 CORONA, CA 92881	SOFTWARE CONSULTANT	73,717.
Total number of others receiving over \$50,000 for professional services ▶	0	

**Part II - B Compensation of the Five Highest Paid Independent Contractors for Other Services**

*(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)*

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
MASTER MEDIA ENTERPRISES FORT MILL, SC,	TELEVISION AIRTIME	5,244,178.
KELLY MEDIA GROUP, INC UPLAND, CA,	TV PROD& TELE CAGING	1,948,458.
DIRECT CONNECTION LA VERNE, CA,	MAIL SERVICES	559,292.
Total number of other contractors receiving over \$50,000 for other services ▶	0	

**Part III** Statements About Activities (See instructions.)

	Yes	No
<p><b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities. ▶ \$ <u>N/A</u></p> <p>(Must equal amounts on line 38, Part VI-A, or line i 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	X
<p><b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)</p> <p align="center">SEE STATEMENT 10</p> <p><b>a</b> Sale, exchange, or leasing of property?</p> <p><b>b</b> Lending of money or other extension of credit?</p> <p><b>c</b> Furnishing of goods, services, or facilities?</p> <p align="center">SEE FORM 990, PART V</p> <p><b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p> <p><b>e</b> Transfer of any part of its income or assets?</p>	2a 2b 2c 2d 2e	X X  X X
<p><b>3a</b> 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.)</p> <p><b>3b</b> Do you have a section 403(b) annuity plan for your employees?</p> <p><b>3c</b> During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?</p>	3a 3b 3c	X X X
<p><b>4a</b> Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?</p> <p><b>b</b> Do you provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	4a 4b	X X

**Part IV** Reason for Non-Private Foundation Status (See instructions.)

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(a)(2). Check the box that describes the type of supporting organization: ▶  Type 1  Type 2  Type 3

Provide the following information about the supported organizations. (See 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 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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	16,137,568.	9,612,768.	7,568,550.	7,498,083.	40,816,969.
<b>16</b> Membership fees received					0.
<b>17</b> 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					0.
<b>18</b> 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	87,048.	36,699.	24,598.	9,772.	158,117.
<b>19</b> Net income from unrelated business activities not included in line 18					0.
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0.
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0.
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. SEE STMT 11	-469.	102.	9,664.		9,297.
<b>23</b> Total of lines 15 through 22	16,224,147.	9,649,569.	7,602,812.	7,507,855.	40,984,383.
<b>24</b> Line 23 minus line 17	16,224,147.	9,649,569.	7,602,812.	7,507,855.	40,984,383.
<b>25</b> Enter 1% of line 23	162,241.	96,496.	76,028.	75,079.	
<b>26 Organizations described on lines 10 or 11:</b>	a Enter 2% of amount in column (e), line 24 N/A				<b>26a</b>
<b>b</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 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					<b>26b</b>
<b>c</b> Total support for section 509(a)(1) test: Enter line 24, column (e)					<b>26c</b>
<b>d</b> Add: Amounts from column (e) for lines.	<b>18</b>	<b>19</b>			<b>26d</b>
	<b>22</b>	<b>26b</b>			<b>26e</b>
<b>e</b> Public support (line 26c minus line 26d total)					<b>26e</b>
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))					<b>26f</b> %
<b>27 Organizations described on line 12:</b>					
<b>a</b> 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:					
(2004) _____	0.	(2003) _____	0.	(2002) _____	0.
(2001) _____					0.
<b>b</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:					
(2004) _____	0.	(2003) _____	0.	(2002) _____	0.
(2001) _____					0.
<b>c</b> Add: Amounts from column (e) for lines.	<b>15</b>	<b>16</b>			<b>27c</b>
	<b>17</b>	<b>20</b>			<b>27d</b>
<b>d</b> Add: Line 27a total _____ and line 27b total _____					<b>27e</b>
<b>e</b> Public support (line 27c total minus line 27d total)					<b>27e</b>
<b>f</b> Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					<b>27f</b> 40,984,383.
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))					<b>27g</b> 99.59 %
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					<b>27h</b> 0.39 %

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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 instructions.)  
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

		N/A	
		Yes	No
<b>29</b>	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?		
<b>30</b>	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?		
<b>31</b>	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 )		
	-----		
	-----		
<b>32</b>	Does the organization maintain the following:		
<b>a</b>	Records indicating the racial composition of the student body, faculty, and administrative staff?		
<b>b</b>	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
<b>c</b>	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
<b>d</b>	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 )		
	-----		
<b>33</b>	Does the organization discriminate by race in any way with respect to:		
<b>a</b>	Students' rights or privileges?		
<b>b</b>	Admissions policies?		
<b>c</b>	Employment of faculty or administrative staff?		
<b>d</b>	Scholarships or other financial assistance?		
<b>e</b>	Educational policies?		
<b>f</b>	Use of facilities?		
<b>g</b>	Athletic programs?		
<b>h</b>	Other extracurricular activities?		
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)		
	-----		
	-----		
<b>34a</b>	Does the organization receive any financial aid or assistance from a governmental agency?		
<b>b</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		
<b>35</b>	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.		





## Application for Extension of Time to File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ 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](http://www.irs.gov/efile)

<b>Type or print</b> File by the due date for filing your return. See instructions.	Name of Exempt Organization <b>PEOPLE UNITED FOR CHRIST, INC.</b>	Employer identification number <b>33-0214242</b>
	Number, street, and room or suite number. If a P.O. box, see instructions <b>P.O. BOX 760</b>	
	City, town or post office. For a foreign address, see instructions <b>UPLAND, CA 91785</b>	
	state	ZIP code

**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 (section 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 ▶ AMY CARDIFF -----

Telephone No ▶ 909-920-3723 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 8/15, 20 06 to file the exempt organization return for the organization named above. The extension is for the organization's return for

▶  calendar year 20 05 or

▶  tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_.

**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. \$ \_\_\_\_\_ 0.

**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. \$ \_\_\_\_\_ 0.

**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. \$ \_\_\_\_\_ 0.

**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

**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

PEOPLE UNITED FOR CHRIST, INC.

33-0214242

**STATEMENT 1**  
**FORM 990, PART I, LINE 20**  
**OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

UNREALIZED LOSS	\$ -123,784.
TOTAL	<u>\$ -123,784.</u>

**STATEMENT 2**  
**FORM 990, PART II, LINE 43**  
**OTHER EXPENSES**

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
AUTO EXPENSES	24,021.	16,815.	7,206.	
BANK FEES & SERVICES	126,756.		6,338.	120,418.
COMPUTER SUPPLIES	130,630.	32,658.	32,658.	65,314.
CONSULTANTS FEES	727,644.		727,644.	
CRUSADE EXPENSES	664,475.	664,475.		
DATA PROCESSING FEES	16,493.	6,597.	8,247.	1,649.
DIRECT MAIL COSTS	2,485,313.	1,242,657.		1,242,656.
FELLOWSHIP & CHURCH ACTIVITIES	43,221.	43,221.		
GENERAL OFFICE EXPENSES	626,748.		626,748.	
GIFTS	7,980.	3,990.	3,990.	
HONORARIUMS	20,620.	20,620.		
INSURANCE EXPENSE	109,213.	27,303.	54,607.	27,303.
OUTREACH	407,527.	407,527.		
OUTSIDE SERVICES	118,724.	47,490.	23,744.	47,490.
REPAIRS & MAINTENANCE	67,571.	13,514.	40,543.	13,514.
TELEVISION AIRTIME	5,351,199.	5,351,199.		
TELEVISION PRODUCTION	1,024,578.	1,024,578.		
TRAINING	16,896.	8,448.	4,224.	4,224.
UTILITIES	162,413.	64,965.	64,965.	32,483.
TOTAL	<u>\$12,132,022.</u>	<u>\$ 8,976,057.</u>	<u>\$ 1,600,914.</u>	<u>\$ 1,555,051.</u>

**STATEMENT 3**  
**FORM 990, PART IV, LINE 57**  
**LAND, BUILDINGS, AND EQUIPMENT**

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
MISCELLANEOUS	\$ 5,166,281.	\$ 574,335.	\$ 4,591,946.
TOTAL	<u>\$ 5,166,281.</u>	<u>\$ 574,335.</u>	<u>\$ 4,591,946.</u>

**STATEMENT 4**  
**FORM 990, PART IV, LINE 58**  
**OTHER ASSETS**

CASH SURRENDER VALUE OF LIFE INSURANCE	\$ 5,519.
CONSTRUCTION IN PROGRESS	126,937.
DEPOSITS	19,784.
INTANGIBLE ASSETS	36,698.
TOTAL	<u>\$ 188,938.</u>



PEOPLE UNITED FOR CHRIST, INC.

33-0214242

**STATEMENT 5  
FORM 990, PART IV, LINE 65  
OTHER LIABILITIES**

ACCRUED LIABILITIES	\$ 74,360.
CREDIT CARD PAYABLE	102,270.
<b>TOTAL</b>	<b>\$ <u>176,630.</u></b>

**STATEMENT 6  
FORM 990, PART V-A  
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
PETER POPOFF P. O. BOX 760 UPLAND, CA 91785	PRESIDENT 50	\$ 628,732.	\$ 58,200.	\$ 0.
HECTOR MERCADO P. O. BOX 760 UPLAND, CA 91785	VP FINANCE 1	5,650.	0.	2,238.
LARRY SKELTON P. O. BOX 760 UPLAND, CA 91785	VP MINISTRY 1	5,000.	0.	2,404.
AMY CARDIFF P. O. BOX 760 UPLAND, CA 91785	VP ADMIN/TREAS. 40	176,008.	7,040.	282.
ELIZABETH POPOFF P. O. BOX 760 UPLAND, CA 91785	EXEC BUS ADMIN 40	202,920.	58,117.	109.
NICKOLAS POPOFF P. O. BOX 760 UPLAND, CA 91785	DIRECTOR/ITF 50	181,811.	7,127.	355.
ROBERT ARMSTRONG P. O. BOX 760 UPLAND, CA 91785	DIRECTOR 1	6,000.	0.	1,501.
	<b>TOTAL</b>	<b>\$ <u>1,206,121.</u></b>	<b>\$ <u>130,484.</u></b>	<b>\$ <u>6,889.</u></b>

**STATEMENT 7  
FORM 990, PART V-A, LINE 75B  
COMPENSATION PAID TO RELATED INDIVIDUALS**

NAME AND RELATIONSHIP

PETER POPOFF  
SPOUSE/FATHER

ELIZABETH POPOFF

PEOPLE UNITED FOR CHRIST, INC.

33-0214242

**STATEMENT 7 (CONTINUED)**  
**FORM 990, PART V-A, LINE 75B**  
**COMPENSATION PAID TO RELATED INDIVIDUALS**

SPOUSE/MOTHER

NICKOLAS POPOFF  
 PARENTS/SON

AMY CARDIFF  
 PARENTS/DAUGHTER

**STATEMENT 8**  
**FORM 990, PART V-A, LINE 75C**  
**INDIVIDUALS COMPENSATION BY RELATED ORGANIZATIONS**

PETER POPOFF

RELATED ORGANIZATION: WORD FOR THE WORLD  
 FEIN:  
 RELATIONSHIP EXPLANATION: BOARD MEMBER/EMPLOYEE  
 COMPENSATION PAID: \$ 33,916.  
 BENEFIT PLAN CONTRIBUTIONS: \$ 0.  
 EXPENSE ACCOUNT: \$ 0.  
 COMPENSATION ARRANGEMENT: EMPLOYEE

RELATED ORGANIZATION: PETER POPOFF EVANG ASSOC-CANAD  
 FEIN:  
 RELATIONSHIP EXPLANATION: BOARD MEMBER/EMPLOYEE  
 COMPENSATION PAID: \$ 14,084.  
 BENEFIT PLAN CONTRIBUTIONS: \$ 0.  
 EXPENSE ACCOUNT: \$ 0.  
 COMPENSATION ARRANGEMENT: EMPLOYEE

**STATEMENT 9**  
**FORM 990, PART VI, LINE 80B**  
**RELATED ORGANIZATIONS**

<u>NAME OF ORGANIZATION</u>	<u>EXEMPT</u>	<u>NONEXEMPT</u>
KELLY MEDIA GROUP		X
PETER POPOFF EVANGELISTIC ASSOC OF CANAD	X	
PETER POPOFF MINISTRIES LTD	X	
WORD FOR THE WORLD	X	

PEOPLE UNITED FOR CHRIST, INC.

33-0214242

**STATEMENT 10**  
**SCHEDULE A, PART III, LINE 2**  
**TRANSACTIONS WITH TRUSTEES, DIRECTORS, ETC.**

KELLY MEDIA GROUP, OWNED BY THE SON-IN-LAW OF THE PRESIDENT, PROVIDES SERVICES TO THE ORGANIZATION IN AN ARMS-LENGTH TRANSACTION. SEE FORM 990, SCHEDULE A, PART II-B

**STATEMENT 11**  
**SCHEDULE A, PART IV-A, LINE 22**  
**OTHER INCOME**

DESCRIPTION	(A) 2004	(B) 2003	(C) 2002	(D) 2001	(E) TOTAL
MISC INCOME	\$ -469.	\$ 102.	\$ 9,664.	\$ 0.	\$ 9,297.
TOTAL	<u>\$ -469.</u>	<u>\$ 102.</u>	<u>\$ 9,664.</u>	<u>\$ 0.</u>	<u>\$ 9,297.</u>