

Return of Organization Exempt From Income Tax

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

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 2003 calendar year, OR tax year period beginning 07/01, 2003 and ending 06/30, 2004

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

CREATION ILLUSTRATED MINISTRIES, INC.
P O BOX 7955
AUBURN, CA 95604-7955

D Employer identification number 68-0335446
E Telephone number
F Accounting method [X] Cash [] Accrual Other

G Web site:

J Organization type (check only one) [X] 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.

H and I are not applicable to section 527 organizations.
H(a) Is this a group return for affiliates? [] Yes [X] No
H(b) If "Yes," enter number of affiliates
H(c) Are all affiliates included? [] Yes [] No
H(d) Is this a separate return filed by an organization covered by a group ruling? [] Yes [X] No
I Enter 4-digit GEN
M Check [] if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 357,600.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

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Table with columns for Revenue (1-12), Expenses (13-17), and Net Assets (18-21). Includes sub-rows for public support, program revenue, membership, investments, securities, special events, and inventory sales.

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 page 22 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc.	25 58,500.		58,500.	
26 Other salaries and wages	26			
27 Pension plan contributions	27			
28 Other employee benefits	28			
29 Payroll taxes	29 4,821.		4,821.	
30 Professional fundraising fees	30			
31 Accounting fees	31 1,930.		1,930.	
32 Legal fees	32			
33 Supplies	33 9,307.	9,307.		
34 Telephone	34 4,224.	4,224.		
35 Postage and shipping	35 59,838.	59,838.		
36 Occupancy	36 7,939.		7,939.	
37 Equipment rental and maintenance	37			
38 Printing and publications	38 92,245.	92,245.		
39 Travel	39 3,457.	3,457.		
40 Conferences, conventions, and meetings	40 1,309.	1,309.		
41 Interest	41 7,494.	7,494.		
42 Depreciation, depletion, etc. (attach schedule)	42 7.	7.		
43 Other expenses not covered above (itemize): a	43a			
b SEE SCHEDULE 6	43b 112,671.	98,959.	13,712.	
c	43c			
d	43d			
e	43e			
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 363,742.	276,840.	86,902.	0.

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 page 25 of the instructions.)

What is the organization's primary exempt purpose? **SEE SCHEDULE 3**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
 (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others)

a QUARTERLY PUBLICATION OF A RELIGIOUS MAGAZINE TO PROMOTE CHRISTIAN VIEWS AND BELIEFS ON CREATION (Grants and allocations \$ _____)	276,840.
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)	276,840.

Part IV Balance Sheets (See page 25 of the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.		(A) Beginning of year		(B) End of year
45	Cash - non-interest-bearing	4,679.	45	3,538.
46	Savings and temporary cash investments		46	
47 a	Accounts receivable	47a		
b	Less: allowance for doubtful accounts	47b	47c	
48 a	Pledges receivable	48a		
b	Less: allowance for doubtful accounts	48b	48c	
49	Grants receivable		49	
50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
51 a	Other notes and loans receivable (attach schedule)	51a		
b	Less: allowance for doubtful accounts	51b	51c	
52	Inventories for sale or use		52	
53	Prepaid expenses and deferred charges		53	
54	Investments - securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
55 a	Investments - land, buildings, and equipment: basis	55a		
b	Less: accumulated depreciation (attach schedule)	55b	55c	
56	Investments - other (attach schedule)		56	
57 a	Land, buildings, and equipment: basis	4,142.		
b	Less: accumulated depreciation (attach schedule)	4,124.	25.	18.
58	Other assets (describe <input type="checkbox"/>)		58	
59	Total assets (add lines 45 through 58) (must equal line 74)	4,704.	59	3,556.
60	Accounts payable and accrued expenses		60	
61	Grants payable		61	
62	Deferred revenue		62	
63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
64 a	Tax-exempt bond liabilities (attach schedule)		64a	
b	Mortgages and other notes payable (attach schedule)	41,196.	64b	32,300.
65	Other liabilities (describe <input type="checkbox"/> SEE SCHEDULE 12)	7,369.	65	21,259.
66	Total liabilities (add lines 60 through 65)	48,565.	66	53,559.
Net	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
67	Unrestricted	<51,092.>	67	<57,486.>
68	Temporarily restricted	7,231.	68	7,483.
69	Permanently restricted		69	
or	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
70	Capital stock, trust principal, or current funds		70	
71	Paid-in or capital surplus, or land, building, and equipment fund		71	
72	Retained earnings, endowment, accumulated income, or other funds		72	
73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; and column (B) must equal line 21)	<43,861.>	73	<50,003.>
74	Total liabilities and net assets / fund balances (add lines 66 and 73)	4,704.	74	3,556.

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 IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 27 of the instructions.)

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

Table with two main columns: Part IV-A (Revenue) and Part IV-B (Expenses). Rows include: a Total revenue, gains, and other support per audited financial statements; b Amounts included on line a but not on line 12, Form 990; c Line a minus line b; d Amounts included on line 12, Form 990 but not on line a; e Total revenue per line 12, Form 990. Values: 357,600.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see page 27 of the instructions.)

Table with 5 columns: (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. Row 1: SEE SCHEDULE 2.

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? If "Yes," attach schedule - see page 28 of the instructions.

Part VI Other Information (See page 28 of the instructions.)

Form with rows 76-92 containing questions and answers. Includes fields for 'Yes', 'No', and numerical values. Key entries include 'N/A' for many questions and 'X' for others.

Part VII Analysis of Income-Producing Activities (See page 33 of 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 <u>SEE SCHEDULE 4</u>					259,339.
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					
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 <u>SEE SCHEDULE 5</u>		1,479.			
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		1,479.			259,339.
105 Total (add line 104, columns (B), (D), and (E))					260,818.

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).
▼	
	A- PROMOTE CHRISTIAN VIEWS & BELIEFS THRU RELIGIOUS MAGAZINE
	B- RELATED RELIGIOUS MATERIAL ON CHRISTIAN CREATION
	C- SALES OF ADVERTISEMENT IN MAGAZINE
96	MISC. REFUNDS/REIMBURSEMENTS ON PROGRAM OPERATING EXPENSES

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).

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

[Signature]

Date 2/14/05

President

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 Section 4947(a)(1) Nonexempt Charitable Trust

2003

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

CREATION ILLUSTRATED MINISTRIES, INC.

68-0335446

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

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

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000 ▶				

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 ▶		

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2003

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 amount on line 38, Part VI-A, or line i of Part VI-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.)		
a	Sales, exchange, or leasing of property? SEE SCHEDULE 7	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)? SEE SCHEDULE 8	X	
e	Transfer of any part of its income or assets?		X
3a	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 403(b) annuity plan for your employees?		X
4	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the 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.)
- 11 a** 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.)
- 11 b** 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). (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 6 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	109715.	52154.	60406.	45184.	267459.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	197700.	179961.	235901.	224402.	837964.
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 SCHEDULE 9 167.	266.	231.	1431.	2095.
23 Total of lines 15 through 22	307582.	232381.	296538.	271017.	1107518.
24 Line 23 minus line 17	109882.	52420.	60637.	46615.	269554.
25 Enter 1% of line 23	3076.	2324.	2965.	2710.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24				N/A	26a
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					26d
e Public support (line 26c minus line 26d total)					26e
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your record 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: SEE SCHEDULE 10	(2002)	(2001)	(2000)	(1999)	21,500.
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: SEE SCHEDULE 11	(2002)	(2001)	(2000)	(1999)	
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 837,964. 20 _____ 21 _____	20,592.	7,717.	43,090.	34,645.	
d Add: Line 27a total _____ and line 27b total _____	21,500.	106,044.			27c 1,105,423.
e Public support (line 27c total minus line 27d total)					27d 127,544.
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27e 977,879.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27f 1,107,518.
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)).					27g .8829 %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, 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.					27h .0000 %

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

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

N/A

N/A

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? **N/A**

	Yes	No
29		

30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? **N/A**

30		
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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? **N/A**

31		
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If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)

32 Does the organization maintain the following: **N/A**

- a** Records indicating the racial composition of the student body, faculty, and administrative staff? **32a**
- b** Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? **32b**
- c** Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? **32c**
- d** Copies of all material used by the organization or on its behalf to solicit contributions? **32d**

32a		
32b		
32c		
32d		

If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)

33 Does the organization discriminate by race in any way with respect to: **N/A**

- a** Students' rights or privileges? **33a**
- b** Admissions policies? **33b**
- c** Employment of faculty or administrative staff? **33c**
- d** Scholarships or other financial assistance? **33d**
- e** Educational policies? **33e**
- f** Use of facilities? **33f**
- g** Athletic programs? **33g**
- h** Other extracurricular activities? **33h**

33a		
33b		
33c		
33d		
33e		
33f		
33g		
33h		

If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)

34a Does the organization receive any financial aid or assistance from a governmental agency? **N/A**

34a		
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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.

34b		
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35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "NO," attach an explanation **N/A**

35		
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Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group.

Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred.)			
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table -			
If the amount on line 40 is - The lobbying nontaxable amount is -			
Not over \$500,000 20% of the amount on line 40			
Over \$500,000 but not over \$1,000,000 ... \$100,000 plus 15% of the excess over \$500,000	}		
Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000			
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000			
Over \$17,000,000 \$1,000,000			
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

Caution: if there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in) ▶	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a** Volunteers
- b** Paid staff or management (include compensation in expenses reported on lines c through h.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (add lines c through h.)

Yes	No	Amount
<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 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:

Table with 2 columns: Yes, No. Rows: 51a(i), a(ii), b(i), b(ii), b(iii), b(iv), b(v), b(vi), c. All 'No' cells contain 'X'.

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Row 1 contains 'N/A'.

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 (X)

b If "Yes," complete the following schedule:

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Row 1 contains 'N/A'.

Federal Attachments

2003

Name(s) as shown on return CREATION ILLUSTRATED MINISTRIES, INC.	Identification Number 68-0335446
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FORM 990 SCHEDULE A PART IV - SUPPORT SCHEDULE	SCHEDULE 9
--	------------

	(A) 2002	(B) 2001	(C) 2000	(D) 1999
OTHER INCOME				
MISC. REFUNDS/REIMBURSEMENTS	167.	266.	231.	1431.
TOTAL TO LINE 22	167.	266.	231.	1431.

FORM 990 SCHEDULE A, PART IV - DISQUALIFIED PERSONS	SCHEDULE 10
---	-------------

FORM 990 PART IV - OTHER LIABILITIES	SCHEDULE 12
--------------------------------------	-------------

OTHER LIABILITIES	END OF YR
CREDIT CARD PAYABLE	20250.
PAYROLL TAXES WITHHELD	1009.
TOTAL TO FORM 990 PART IV, LINE 65	21259.

Federal Attachments

2003

Name(s) as shown on return CREATION ILLUSTRATED MINISTRIES, INC.	Identification Number 68-0335446
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FORM 4562 - DEPRECIATION ATTACHMENT

SCHEDULE 1

DESCRIPTION	DATE	COST	ADJUST.	METH	LIFE	PRIOR	DEDUCTION
APPLE COMPUTER	10/20/95	2221	0	200HY	5.0	2221	0
RAM AND DISK	11/15/95	1326	0	200HY	5.0	1326	0
COMPUTER EQUIPMENT	11/14/95	466	0	200HY	5.0	466	0
900MHZ PHONE	11/04/98	129	0	200HY	5.0	104	7
TOTAL TO FORM 990		4142	0			4117	7

Federal Attachments

2003

Name(s) as shown on return CREATION ILLUSTRATED MINISTRIES, INC.	Identification Number 68-0335446
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FORM 990 PART V - OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES SCHEDULE 2

NAME AND ADDRESS	TITLE	HRS/WEEK
THOMAS M. ISH P O BOX 7955 AUBURN, CA 95604-7955	PRESIDENT	
<u>COMPENSATION</u>	<u>CONTRIBS TO BENEFIT PLANS</u>	<u>EXPENSE ACCT & OTH ALLOWS</u>
39,000	0	12,205

JENNIFER L. ISH P O BOX 7955 AUBURN, CA 95604-7955	SECRETARY	
<u>COMPENSATION</u>	<u>CONTRIBS TO BENEFIT PLANS</u>	<u>EXPENSE ACCT & OTH ALLOWS</u>
19,500	0	0

DAVID SMITH 2360 SECRET RAVINE ROAD COOL, CA 95614	DIRECTOR	
<u>COMPENSATION</u>	<u>CONTRIBS TO BENEFIT PLANS</u>	<u>EXPENSE ACCT & OTH ALLOWS</u>
0	0	0

PHYLLIS SMITH 2360 SECRET RAVINE ROAD COOL, CA 95614	DIRECTOR	
<u>COMPENSATION</u>	<u>CONTRIBS TO BENEFIT PLANS</u>	<u>EXPENSE ACCT & OTH ALLOWS</u>
0	0	0

TONY GRAUPENPSERGER 1300 LINCOLN WAY, SUITE A AUBURN, CA 95603	DIRECTOR	
<u>COMPENSATION</u>	<u>CONTRIBS TO BENEFIT PLANS</u>	<u>EXPENSE ACCT & OTH ALLOWS</u>

Federal Attachments

2003

Name(s) as shown on return CREATION ILLUSTRATED MINISTRIES, INC.	Identification Number 68-0335446
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FORM 990 PART V - OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES	CONTINUE 2
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0

0

0

PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	SCHEDULE 3
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PUBLICATION OF A RELIGIOUS MAGAZINE

FORM 990 - PROGRAM SERVICE REVENUE	SCHEDULE 4
---	-------------------

DESCRIPTION	(A) BUS CODE	(B) AMOUNT	(C) EXCL CODE	(D) AMOUNT	(E) REL EFI
SUBSCRIPTIONS		0.		0.	170815.
VIDEO, BOOK & MISC		0.		0.	26005.
ADVERTISING		0.		0.	62519.
TOTAL TO 990 PART VII LINE 93		0.		0.	259339.

FORM 990	OTHER REVENUE	SCHEDULE 5
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DESCRIPTION	(A) BUS CODE	(B) AMOUNT	(C) EXCL CODE	(D) AMOUNT	(E) REL EFI
REFUNDS/REIMBURSEMENTS		1479.		0.	0.
TOTAL TO 990 PART VII LINE 103		1479.		0.	0.

Federal Attachments

2003

Name(s) as shown on return CREATION ILLUSTRATED MINISTRIES, INC.	Identification Number 68-0335446
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FORM 990 - OTHER FUNCTIONAL EXPENSES	SCHEDULE 6
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DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT / GENERAL	FUND RAISING
ADVERTISING	1042.	1042.		
AUTOMOBILE EXPENSE	13125.	13125.		
BAD CHECKS RECEIVED	113.	113.		
BANK SERVICE CHARGES	338.		338.	
BOOKS/REFERENCE MATERIAL				
CIRCULATION SERVICES	37955.	37955.		
COMMISSIONS	6011.	6011.		
CONSULTING EXPENSE	11950.	11950.		
CREDIT CARD FEES	2723.	2723.		
DUES AND SUBSCRIPTIONS	676.		676.	
FREELANCE WRITERS/PHOTO	7545.	7545.		
GIFTS	883.		883.	
INSURANCE	11610.		11610.	
INTERNET EXPENSE	592.	592.		
LICENSES AND PERMITS	20.	20.		
MAILING SERVICE	5028.	5028.		
MEALS AND ENTERTAINMENT	530.	530.		
PENALTIES	160.		160.	
PROMOTIONAL DIRECT MAIL	3050.	3050.		
REIMBURSED EXPENSES	15.	15.		
REPAIRS AND MAINTENANCE	45.		45.	
TELEMARKETING	195.	195.		
UTILITIES	82.	82.		
PRODUCTS FOR RESALE	8983.	8983.		
TOTAL TO PART II LINE 43	112671.	98959.	13712.	

FORM 990 SCHEDULE A, PART III - LINE 2A	SCHEDULE 7
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OFFICE SPACE IS LEASED ON A MONTHLY BASIS FROM OFFICERS.
UNPAID RENT AS OF 6/30/04 FOR PRIOR YEARS TOTALS \$6,830.

FORM 990 SCHEDULE A, PART III - LINE 2D	SCHEDULE 8
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SEE FORM 990, PAGE 4, PART V. EXPENSES OF \$10,816 REPRESENT REIMBURSEMENT FOR USE OF A PERSONAL AUTOMOBILE FOR ORGANIZATION PURPOSES AT THE FEDERAL STANDARD MILEAGE RATE FOR THE CURRENT AND PRIOR YEARS.
UNPAID COMPENSATION DUE THE OFFICERS FOR PRIOR YEARS TOTAL \$305,180.

Depreciation and Amortization

(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return
CREATION ILLUSTRATED MINISTRIES, INC.

Identifying number
68-0335446

Business or activity to which this form relates

FORM 990

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See page 2 of the instructions for a higher limit for certain businesses	1	
2	Total cost of section 179 property placed in service (see page 2 of the instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see page 2 of the instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2002 Form 4562.	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2004. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see page 3 of the instructions)	14	
15	Property subject to section 168(f)(1) election (see page 4 of the instructions)	15	
16	Other depreciation (including ACRS) (see page 4 of the instructions)	16	

Part III MACRS Depreciation (Do not include listed property.) (See page 4 of the instructions.)

Section A

SEE SCHEDULE 1

17	MACRS deductions for assets placed in service in tax years beginning before 2003	17	7.
18	If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2003 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property						
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C - Assets Placed in Service During 2003 Tax Year Using the Alternative Depreciation System

20a Class Life	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (see page 6 of the instructions)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations-see instr.	22	7.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See page 7 of the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No		24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No						
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/ investment use only)	(f) Recovery Period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see page 7 of the instructions)							25	
26 Property used more than 50% in a qualified business use (see page 7 of the instructions):								
27 Property used 50% or less in a qualified business use (see page 7 of the instructions):								
							S/L-	
							S/L-	
							S/L-	
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

Section B. - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner", or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles- see page 2 of the instructions)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

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

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see page 8 of the instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See page 8 of the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See page 9 of the instructions)		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2003 tax year (see page 9 of the instructions):					
43 Amortization of costs that began before your 2003 tax year					43
44 Total. Add amounts in column (f). See page 9 of the instructions for where to report					44