

Return of Organization Exempt From Income Tax

2000

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

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 2000 calendar year, or tax year period beginning, 2000, and ending, 20

- B Check if applicable: Change of address, Change of name, Initial return, Final return, Amended return

Please use IRS label or print or type. See Specific Instructions.

C THREE ANGELS BROADCASTING NETWORK INC P O BOX 220 WEST FRANKFORT, IL 62896

D Employer identification number 37-1179056 E Telephone number 618-627-4651 F Check if application pending

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

Note: H and I are not applicable to section 527 orgs.

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

H(a) Is this a group return filed for affiliates? Yes No

J Accounting method: Cash Accrual Other (specify)

H(b) If "Yes," enter number of affiliates H(c) Are all affiliates included? Yes No

K Check here if the organization's gross receipts are normally not more than \$25,000.

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

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.

I Enter 4-digit group exemption no. (GEN)

L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ)

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

Table with columns for line numbers (1-21), descriptions of revenue and expenses, and amounts. Includes sub-columns for securities and other assets.

SCANNED DEC 07 '01

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 20.)

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 (att. sch.) (cash \$ _____ non cash \$ _____)	22				
23	Specific assistance to individuals (att. sch.)	23				
24	Benefits paid to or for members (att. sch.)	24				
25	Compensation of officers, directors, etc.	25	137,294	137,294		
26	Other salaries and wages	26	1,665,013	1,665,013		
27	Pension plan contributions	27				
28	Other employee benefits	28				
29	Payroll taxes	29	132,045	132,045		
30	Professional fundraising fees	30				
31	Accounting fees	31	100,287	100,287		
32	Legal fees	32	86,063	86,063		
33	Supplies	33	529,697	398,276	131,421	
34	Telephone	34	191,380	191,380		
35	Postage and shipping	35	496,003	496,003		
36	Occupancy	36	143,517	83,988	59,529	
37	Equipment rental and maintenance	37	1,953,377	1,851,468	101,909	
38	Printing and publications	38	390,889	144,879	246,010	
39	Travel	39	282,402		282,402	
40	Conferences, conventions, and meetings	40				
41	Interest	41	19,823		19,823	
42	Depreciation, depletion, etc. (attach schedule)	42	1,482,976	1,482,976		
43	Other expenses (itemize): a STATEMENT 3	43a	2,620,754	1,988,877	631,877	
	b	43b				
	c	43c				
	d	43d				
	e	43e				
44	Total functional expenses (add lines 22 thru 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15.	44	10,231,520	6,141,844	4,089,676	0

Reporting of Joint Costs. Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____.

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 23.)

What is the organization's primary exempt purpose? SATELLITE TELEVISION MINISTRY	Program Service Expenses (Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts; but optional for others.)
a PRODUCTION AND DISTRIBUTION OF 24 HOUR PER DAY RELIGIOUS PROGRAMMING FOR ELECTRONIC TRANSMISSION THROUGHOUT THE WORLD. (Grants and allocations \$ 0)	6,141,844
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)	6,141,844

Part IV Balance Sheets (See Specific Instructions on page 23.)

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	177,465	45	304,365
	46 Savings and temporary cash investments	4,376,937	46	4,109,652
	47a Accounts receivable	47a 193,624		
	b Less: allowance for doubtful accounts	47b	187,042	47c 193,624
	48a 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 sch)		50	
	51a Other notes and loans receivable (attach schedule)	51a		
	b Less: allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use	53,907	52	88,160
	53 Prepaid expenses and deferred charges	191,966	53	307,364
	54 Investments - securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54
	55a Investments - land, buildings, and equipment: basis	55a		
	b Less: accumulated depreciation (attach schedule)	55b		55c
56 Investments - other (attach schedule)		56		
57a Land, buildings, and equipment: basis	57a 16,664,527			
b Less: accumulated depreciation (attach schedule) .. STMT. 4	57b 6,819,385	9,622,093	57c 9,845,142	
58 Other assets (describe ► <u>SEE STATEMENT 5</u>)		16,788,366	58 18,605,582	
59 Total assets (add lines 45 through 58) (must equal line 74)		31,397,776	59 33,453,889	
LIABILITIES	60 Accounts payable and accrued expenses	944,988	60	454,336
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)	159,993	64b	120,100
	65 Other liabilities (describe ► <u>SEE STATEMENT 6</u>)		17,779,782	65 19,153,827
66 Total liabilities (add lines 60 through 65)		18,884,763	66 19,728,263	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	10,114,168	67	11,976,736
	68 Temporarily restricted	2,398,845	68	1,748,890
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72; column (A) must equal line 19 and column (B) must equal line 21)		12,513,013	73 13,725,626	
74 Total liabilities and net assets/fund balances (add lines 66 and 73)		31,397,776	74 33,453,889	

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 Specific Instructions, page 25.)

a	Total revenue, gains, and other support per audited financial statements	a	14,452,520
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments \$ 44,366		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify):		
	SEE STM 7 \$ 3,008,387		
	Add amounts on lines (1) through (4)	b	3,052,753
c	Line a minus line b	c	11,399,767
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	11,399,767

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

a	Total expenses and losses per audited financial statements	a	13,239,905
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):		
	SEE STMT 8 \$ 3,008,385		
	Add amounts on lines (1) through (4)	b	3,008,385
c	Line a minus line b	c	10,231,520
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	10,231,520

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see Specific Instructions on page 25.)

(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 9		137,294	0	0

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? Yes No
If "Yes," attach schedule - see Specific Instructions on page 26.

Part VI Other Information (See Specific Instructions on page 26.)

76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity. 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? 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 the amount of political expenditures, direct or indirect, as described in the instructions for line 81. 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? 83a Did the organization comply with the public inspection requirements for returns and exemption applications? 84a Did the organization solicit any contributions or gifts that were not tax deductible? 85 501(c)(4), (5), or (6) organizations. 86 501(c)(7) organizations. Enter: 87 501(c)(12) organizations. Enter: 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 30.7701-3? 89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: 90a List the states with which a copy of this return is filed. 91 The books are in care of DAVID E CARSON. 92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year.

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 30.)

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 PRODUCTION & DISTRIBUTION					603,842
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash investments					43,497
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					18,052
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain/loss from sales of assets other than inventory					-61,314
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					-329,691
103 Other revenue: a VIDEO SALES					146,300
b OTHER MISC					71,456
c CHANGE IN VALUE UNITRUSTS					15,659
d					
e					
104 Subtotal (add columns (B), (D), and (E))					507,801
105 Total (add line 104, columns (B), (D), and (E))					507,801

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 31.)

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).
	SEE STATEMENT 11

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 31.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 31.)

- (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. (Important: See General Instruction W, on page 14.)

Signature of officer: *Danny Shelton* Date: November 14, 2001 Type or print name and title: Danny Shelton, President

Paid Preparer's Use Only

Preparer's signature: *Alan Lovin* Date: 11/8/01 Check if self-employed: Preparer's SSN or PTIN: [REDACTED]

Firm's name (or yours if self-employed) and address and ZIP code: GRAY HUNTER STEIN LLP
PO BOX 1728/2602 W DEYOUNG
MARION, IL 62959

EIN: Phone no. (618) 993-2647

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)
(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

2000

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

Employer identification number

THREE ANGELS BROADCASTING NETWORK INC

37-1179056

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 ►	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 1 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
P & I BUILDERS		
PO BOX 1193 MARION IL 62959	BUILDING CONTRACTOR	393,590
PAUL MILLER CONSTRUCTION		
6709 MACE RD, THOMPSONVILLE, IL 62890	BUILDING CONTRACTOR	217,930
GRAY HUNTER STENN LLP		
PO BOX 1728, MARION, IL 62959	AUDIT & COMPUTER CON	69,245
TOM L DENNIS PE		
PO BOX 206, VILLAGE MILLS, TX 77663	ENGINEERING SERVICES	62,746
Total number of others receiving over \$50,000 for professional services ►	0	

Part III Statements About Activities

Table with 3 columns: Question, Yes, No. Contains questions 1 through 4b regarding lobbying activities, property sales, lending, and grants.

Part IV Reason for Non-Private Foundation Status (See pages 2 through 5 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.
6 A school.
7 A hospital or a cooperative hospital service organization.
8 A Federal, state, or local government or governmental unit.
9 A medical research organization operated in conjunction with a hospital.
10 An organization operated for the benefit of a college or university owned or operated by a governmental unit.
11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public.
11b A community trust.
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...
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).

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

Table with 2 columns: (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.)

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) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	9,999,808	7,557,624	6,834,614	5,701,976	30,094,022
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose	4,523,968	1,488,651	134,290	153,230	6,300,139
18 Gross income from interest, dividends, amounts received from payments on securities (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	31,583	65,770	13,920	18,164	129,437
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 sch. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	14,555,359	9,112,045	6,982,824	5,873,370	36,523,598
24 Line 23 minus line 17	10,031,391	7,623,394	6,848,534	5,720,140	30,223,459
25 Enter 1% of line 23	145,554	91,120	69,828	58,734	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 N/A ▶ 26a					
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a government unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum 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," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year: SEE STATEMENT 12 (1999) <u>1,444,658</u> (1998) <u>534,598</u> (1997) <u>0</u> (1996) <u>0</u>					
b For any amount included in line 17 that was received from a nondisqualified person, attach a list 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.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of all these differences (the excess amounts) for each year: SEE STATEMENT 13 (1999) <u>0</u> (1998) <u>43,279</u> (1997) <u>112,400</u> (1996) <u>96,000</u>					
c Add: Amounts from column (e) for lines: 15 <u>30,094,022</u> 16 _____ 17 <u>6,300,139</u> 20 _____ 21 _____ ▶ 27c					36,394,161
d Add: Line 27a total <u>1,979,256</u> and line 27b total <u>251,679</u> ▶ 27d					2,230,935
e Public support (line 27c total minus line 27d total) ▶ 27e					34,163,226
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) ▶ 27f					36,523,598
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶ 27g					93.54%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)). ▶ 27h					0.35%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See page 5 of the instructions.)

Part V

Private School Questionnaire (See page 5 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)

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?

Table with 3 columns: Question ID, Yes, No. Row 29: 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?

Table with 3 columns: Question ID, Yes, No. Row 30: 30, [], []

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.)

Table with 3 columns: Question ID, Yes, No. Row 31: 31, [], []

- 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?

Table with 3 columns: Question ID, Yes, No. Rows 32a, 32b, 32c, 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: 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?

Table with 3 columns: Question ID, Yes, No. Rows 33a through 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.)

- 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.

Table with 3 columns: Question ID, Yes, No. Rows 34a, 34b: 34a, 34b, [], []

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.

Table with 3 columns: Question ID, Yes, No. Row 35: 35, [], []

Part VI-A **Lobbying Expenditures by Electing Public Charities** (See page 7 of the instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

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

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table -			
If the amount on line 40 is -			
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 9 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(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 9 of the instructions.)

N/A

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:

	Yes	No	Amount
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)			

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 9 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 3 columns: Question, Yes, No. Rows include 51a(i), a(ii), b(i), b(ii), b(iii), b(iv), b(v), b(vi), and c. All 'No' boxes are checked with an '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'.

52a 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 (No is checked)

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'.

Schedule B
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary information for line 1d of Form 990 or
line 1 of Form 990-EZ (see instructions)

OMB No 1545-0047

2000

Name of organization

THREE ANGELS BROADCASTING NETWORK INC

Employer identification number

37-1179056

Organization type (check one) - Section: 501(c)(3) ◀ (enter number); 527 or
 4947(a)(1) nonexempt charitable trust

A Section 501(c)(7), (8), or (10) organizations - Check this box if the organization had no charitable contributors who contributed more than \$1,000 during the year. (But see **General rule** below.) ▶
Enter here the total gifts received during the year for a religious, charitable, etc., purpose. ▶ \$

Note: This form is generally not open to public inspection except for section 527 organizations.

KFA For Paperwork Reduction Act Notice, see page 1 of the Instructions for Form 990 and Form 990-EZ. **Schedule B (Form 990 or 990-EZ) (2000)**

Name of organization THREE ANGELS BROADCASTING NETWORK INC	Employer identification number 37-1179056
--	---

Part I Contributors

(a) No.	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>		\$ <u>775,000</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
<u>2</u>		\$ <u>430,670</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
<u>3</u>		\$ <u>877,742</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
<u>4</u>		\$ <u>352,000</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
---	_____ _____ _____	\$ _____	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
---	_____ _____ _____	\$ _____	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)

Name of organization

Employer identification number

THREE ANGELS BROADCASTING NETWORK INC

37-1179056

Part II Noncash Property

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
—	_____ _____ _____	\$ _____	_____
—	_____ _____ _____	\$ _____	_____
—	_____ _____ _____	\$ _____	_____
—	_____ _____ _____	\$ _____	_____
—	_____ _____ _____	\$ _____	_____
—	_____ _____ _____	\$ _____	_____
—	_____ _____ _____	\$ _____	_____
—	_____ _____ _____	\$ _____	_____
—	_____ _____ _____	\$ _____	_____

Name of organization

Employer identification number

THREE ANGELS BROADCASTING NETWORK INC

37-1179056

Part III Section 501(c)(7), (8), or (10) organizations that received more than \$1,000 in charitable gifts during the year-

Enter the total gifts that were from contributors who gave \$1,000 or less during the year for a religious, charitable, etc., purpose (see instructions) ▶ \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and zip code	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and zip code	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and zip code	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and zip code	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

CLIENT 69287

THREE ANGELS BROADCASTING NETWORK INC

37-1179056

11/07/01

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STATEMENT 10
FORM 990, PART VI, LINE 90A
LIST OF STATES WHICH THIS RETURN IS FILED

ILLINOIS,

OREGON

STATEMENT 11
FORM 990, PART VIII
RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE # _____ EXPLANATION OF ACTIVITIES _____

103 SALE OF RELIGIOUS PROGRAMMING.
 93 PAYMENT FOR AIRTIME & PRODUCTION OF CERTAIN RELIGIOUS PROGRAMMING.
 95 INTEREST INCOME IS USED TO HELP OFFSET GENERAL OPERATING EXPENSE.
 102 SALE OF SATELLITE DISHES TO ENABLE VIEWERS TO RECEIVE PROGRAMMING.

STATEMENT 12
SCHEDULE A, PART IV-A, LINE 27A
PAYMENTS FROM DISQUALIFIED PERSONS

DISQUALIFIED PERSON	1999	1998	1997	1996
	\$ 220,000	\$ 65,000	\$ 0	\$ 0
	986,658	49,598	0	0
	238,000	420,000	0	0
TOTAL	<u>\$1,444,658</u>	<u>\$ 534,598</u>	<u>\$ 0</u>	<u>\$ 0</u>

STATEMENT 13
SCHEDULE A, PART IV-A, LINE 27B
EXCESS PAYMENTS FROM NONDISQUALIFIED PERSONS

NONDISQUALIFIED PERSON	1999	1998	1997	1996
	\$ 0	\$ 0	\$ 0	\$ 154,734
	0	0	182,228	0
	0	134,399	0	0
TOTAL	<u>\$ 0</u>	<u>\$ 134,399</u>	<u>\$ 182,228</u>	<u>\$ 154,734</u>
LESS: 145,554 X	0			
91,120 X 1		91,120		
69,828 X 1			69,828	
58,734 X 1				58,734
EXCESS AMOUNTS	<u>\$ 0</u>	<u>\$ 43,279</u>	<u>\$ 112,400</u>	<u>\$ 96,000</u>

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THREE ANGELS BROADCASTING NETWORK INC

37-1179056

11/07/01

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**STATEMENT 1
FORM 990, PART I, LINE 8
NET GAIN (LOSS) FROM NONINVENTORY SALES**

NONPUBLICLY TRADED SECURITIES:

DESCRIPTION:	SECURITIES
DATE ACQUIRED:	VARIOUS
HOW ACQUIRED:	PURCHASED
DATE SOLD:	VARIOUS
TO WHOM SOLD:	
GROSS SALES PRICE:	542,828
COST OR OTHER BASIS:	605,104
EXPENSES OF SALE:	0

GAIN (LOSS)		\$ -62,276
GAIN (LOSS) FROM SECURITIES		-62,276

OTHER ASSETS:

DESCRIPTION:	DOWNLINK EQUIPMENT
DATE ACQUIRED:	VARIOUS
HOW ACQUIRED:	PURCHASED
DATE SOLD:	VARIOUS
TO WHOM SOLD:	
GROSS SALES PRICE:	12,000
COST OR OTHER BASIS:	11,038
EXPENSES OF SALE:	0
DEPRECIATION:	0

GAIN (LOSS)		\$ 962
GAIN (LOSS) FROM OTHER ASSETS		962
TOTAL GAIN (LOSS)		\$ -61,314

**STATEMENT 2
FORM 990, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

<i>Net Unrealized Security Gains</i>	\$ 44,366
TOTAL	\$ 44,366

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THREE ANGELS BROADCASTING NETWORK INC

37-1179056

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**STATEMENT 3
FORM 990, PART II, LINE 43
OTHER EXPENSES**

OTHER EXPENSES	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
ADVERTISING	\$ 60,195	60,195		
BAD DEBT EXPENSE	4,352		4,352	
BROADCASTING	71,751	71,751		
CAMP MEETING	22,883		22,883	
CONTRACT LABOR	32,103		32,103	
CREDIT CARD FEES	66,743		66,743	
DOWNLINK	878,101	878,101		
DUES & REGISTRATION	30,154	30,154		
INSURANCE	388,089		388,089	
MISCELLANEOUS	57,896	24,284	33,612	
REPAIR & MAINT - BUILDING	35,282		35,282	
SMALL TOOLS & EQUIPMENT	48,813		48,813	
SPECIAL PROJECTS	924,392	924,392		
TOTAL	<u>\$2,620,754</u>	<u>1,988,877</u>	<u>631,877</u>	<u>0</u>

**STATEMENT 4
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT**

ASSET	BASIS	ACCUM. DEPREC.	BOOK VALUE
AUTOMOBILES / TRANSPORTATION EQUIP.	\$ 1,482,719	549,762	932,957
MACHINERY AND EQUIPMENT	11,345,804	5,919,181	5,426,623
BUILDINGS	3,003,073	340,339	2,662,734
IMPROVEMENTS	170,909	10,103	160,806
LAND	568,565		568,565
MISCELLANEOUS	93,457	0	93,457
TOTAL	<u>\$16,664,527</u>	<u>6,819,385</u>	<u>9,845,142</u>

**STATEMENT 5
FORM 990, PART IV, LINE 58
OTHER ASSETS**

	ENDING
ANNUITIES	\$ 5,543,104
CONSTRUCTION IN PROGRESS	549,014
DUE FROM TRUST ACCOUNTS	24,000
EMPLOYEE ADVANCES	980
TRUSTS	12,488,484
TOTAL	<u>\$ 18,605,582</u>

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THREE ANGELS BROADCASTING NETWORK INC

37-1179056

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**STATEMENT 6
FORM 990, PART IV, LINE 65
OTHER LIABILITIES**

	ENDING
ANNUITIES	\$ 5,543,104
DUE TO TRUST ACCOUNTS	81,126
FUTURE GROUP MEDICAL INS CLAIMS	37,399
LIABILITY UNDER UNITRUST AGREEMENTS	1,003,711
ROUNDING	3
TRUSTS	12,488,484
TOTAL	<u>\$ 19,153,827</u>

**STATEMENT 7
FORM 990, PART IV-A, LINE B(4)
OTHER AMOUNTS**

COGS	\$ 2,995,088
RENTAL	13,295
ROUNDING	4
TOTAL	<u>\$ 3,008,387</u>

**STATEMENT 8
FORM 990, PART IV-B, LINE B(4)
OTHER AMOUNTS**

COGS	\$ 2,995,088
RENTAL	13,295
ROUNDING	2
TOTAL	<u>\$ 3,008,385</u>

**STATEMENT 9
FORM 990, PART V
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

NAME AND ADDRESS	TITLE & AVG. HRS/WK DEVOTED	COMP.	EMPLOYEE BEN. PLN	CONTRIB.	EXPENSE ACCOUNT/ OTHER
DR WALTER THOMPSON 174 FOX BOROUGH BURR RIDGE, IL 60521	CHAIRMAN NONE	\$ 0	0	0	0
J WAYNE COULTER 619 PLAINFIELD RD, 3RD FLOOR WILLOWBROOK, IL 60521-5381	DIRECTOR NONE	0	0	0	0

CLIENT 69287

THREE ANGELS BROADCASTING NETWORK INC

37-1179056

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STATEMENT 9 (CONTINUED)
FORM 990, PART V
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE & AVG. HRS/WK DEVOTED	COMP.	EMPLOYEE BEN. PLN CONTRIB.	EXPENSE ACCOUNT/ OTHER
MAY E CHUNG 155 MANCHESTER LANE SAN BERNARDINO, CA 92408	DIRECTOR NONE	\$ 0	0	0
DR ROBERT FORD 2517 N E KRESKY CHEHALIS, WA 98532-2409	DIRECTOR NONE	0	0	0
BILL HULSEY BOX 596 COLLEGEDALE, TN 37315	DIRECTOR NONE	0	0	0
ELLSWORTH MCKEE P O BOX 750 COLLEGEDALE, TN 37315	DIRECTOR NONE	0	0	0
DANNY SHELTON P O BOX 220 WEST FRANKFORT, IL 62896	PRES 40HRS/WK	53,365	0	0
LINDA SHELTON P O BOX 220 WEST FRANKFORT, IL 62896	VP 40HRS/WK	47,453	0	0
STAN SMITH OJ JACOBSON FOUNDATION BOX 100 LILLOOET, BC VOK 1VO, CANADA	DIRECTOR NONE	0	0	0
G RALPH THOMPSON 12501 OLD COLUMBIA PIKE SILVER SPRING, MD 20904-6600	DIRECTOR NONE	0	0	0
OWEN TROY 1906 DANA DRIVE ADELPHI, MD 20783-2119	DIRECTOR NONE	0	0	0
LARRY WELCH 715 S MULKEY CHRISTOPHER, IL 62822	DIR. 40HRS/WK	36,476	0	0
		TOTAL \$ 137,294	0	0

Application for Extension of Time To File an Exempt Organization Return

▶ 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).
- Note: 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)
Note: 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.

Type or print	Name of Exempt Organization Three Angels Broadcasting Network	Employer identification number 37 117 9056
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. PO Box 220	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. West Frankfort IL 62896	

- 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 3870 |

- 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-month, for **990-T corporation**) extension of time until **August 15, 2001** to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year 20**00**, 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. \$ _____

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. \$ _____

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ **David S Carson** Title ▶ **Financial Director** Date ▶ **5/15/01**

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box **Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.**
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time—Must File Original and One Copy.

Type or print	Name of Exempt Organization Three Angels Broadcasting Network, Inc	Employer identification number 37 1179056
	Number, street, and room or suite no. if a P.O. box, see instructions PO Box 220	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions West Frankfort, IL 62896	

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

- Form 990
- Form 990-EZ
- Form 990-T (sec 401(a) or 408(a) trust)
- Form 1041-A
- Form 5227
- Form 8870
- Form 990-BL
- Form 990-PF
- Form 990-T (trust other than above)
- Form 4720
- Form 6069

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- 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 is for.

4 I request an additional 3-month extension of time until November 15, 2001

5 For calendar year _____ or other tax year beginning _____, 20____ and ending _____, 20____

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

7 State in detail why you need the extension: Accounting Software was changed on July 2000 and Financial Director was discharged December 8, 2000 and not replaced until December 27 2000 therefore this caused our audit to be delayed until August 27, 2001.

8a 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, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ 081901

c **Balance Due.** Subtract line 8b from line 8a. 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 \$ _____

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Darryl Shuter Title ▶ President Date ▶ 8/15/01

Notice to Applicant—To Be Completed by the IRS

- We have approved this application. Please attach this form to the organization's return.
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We cannot consider this application because it was filed after the due date of the return for which an extension was requested.
- Other _____

EXTENSION APPROVED

Director _____ By _____

SEP 19 2001

Alternate Mailing Address — Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name LINDA WEISKOPF, FIELD DIRECTOR, SUBMISSION PROCESSING, OGDEN
	Number and street (include suite, room, or apt. no.) Or a P.O. box number
	City or town, province or state, and country (including postal or ZIP code)