, tom 990

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)

2001

OMB No 1545 0047

Open to Public Department of the Treasury ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection For the 2001 calendar year, or tax year beginning 2001, and ending 20 151011 D Employer identification number B Check if applicable THREE ANGELS BROADCASTING INC 37 /1179056 Address change RS PD BOX 220 *ie E Telephone number Name change B 273 W FRANKFORT IL 62896-0220 (618) 627-4651 Initial return Accrual Final return ☐ Other (specify) ► Amended return H and I are not applicable to section 527 organizations Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable Application pending H(a) Is this a group return for affiliates? Yes 2 No. trusts must attach a completed Schedule A (Form 990 or 990-EZ) G Web site ▶ 3abn org H(b) If "Yes" enter number of affiliates ▶ H(c) Are all affiliates included? ☐ Yes ☐ No J Organization type (check only one) ► 2501(c) () ◄ (insert no) 4947(a)(1) or 527 (If "No " attach a list. See instructions.) H(d) is this a separate return filed by an 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 Enter 4 digit GEN ▶ Check ▶ ☐ if the organization is not required to attach Sch B (Form 990 990 EZ or 990-PF) Gross receipts Add lines 6b 8b 9b and 10b to line 12 ▶ Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16) Contributions, gifts, grants, and similar amounts received 12,323,162 1a a Direct public support 1b b Indirect public support 1c c Government contributions (grants) 101 238 d Total (add lines 1a through 1c) (cash \$ __12 221 924 noncash \$ 12,323,162 1d 857,768 2 Program service revenue including government fees and contracts (from Part VII, line 93) 3 Membership dues and assessments 4 38,397 Interest on savings and temporary cash investments 5 Dividends and interest from securities 35.040 6a Gross rents 6a 6b 10.576 **b** Less rental expenses 24.464 Net rental income or (loss) (subtract line 6b from line 6a) 6c 7 Other investment income (describe (A) Securities (B) Other 8a Gross amount from sales of assets other 74,871 8a than inventory 76,106 8b b Less cost or other basis and sales expenses -1,235 8c c Gain or (loss) (attach schedule) -1,2358d d Net gain or (loss) (combine line 8c, columns (A) and (B)) Special events and activities (attach schedule) a Gross revenue (not including \$ 9a contributions reported on line 1a) 9b b Less direct expenses other than fundraising expenses 9с c Net income or (loss) from special events (subtract line 9b from line 9a) 618,832 10a Gross sales of inventory less returns and allowances 10a 10b 460,500 b Less cost of goods sold 158,332 10c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) 11 49,493 Other revenue (from Part VII line 103) 13,450,381 Total revenue (add lines 1d, 2 3, 4 5, 6c, 7, 8d, 9c 10c, and 11) 12 12 7,452,987 13 13 Program services (from line 44 column (B)) RECEIVED 14 4,016,104 Management and general (from line 44, column (4)) 14 SO-S 15 15 Fundraising (from line 44, column (D)) OCT 3 1 2002 16 16 Payments to affiliates (attach schedule) Total expenses (add lines 16 and 44, column (A)) 11,469,091 17 17 18 1,981,290 Assets 18 Excess or (deficit) for the year (subtract line 17 from fine) Net assets or fund balances at beginning of year from the Strong Characters and the strong of the st 19 13,725,626 19 20 2,450,614 Other changes in net assets or fund balances (attach explanation) 20 Net

Net assets or fund balances at end of year (combine lines 18, 19, and 20)

18,157,530

Par	Statement of All organizations m Functional Expenses and section 4947(a	ust comple)(1) nonex	ete column (A). Column empt chantable trusts t	is (B), (C) and (D) are re out optional for others (quired for section 501(c) See Specific Instructions	(3) and (4) organization on page 21)
	Do not include amounts reported on line 6b, 8b, 9b 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)	1 !				
	(cash \$)	22				
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24	445,450			
25	Compensation of officers directors etc	25	143,482	52,429	91,053	
26	Other salaries and wages	26	1,901,317	772 731	1,128,586	
27	Pension plan contributions	27				
28	Other employee benefits	28	452 402		452 402	
29	Payroll taxes	30	153,483		153,483	
30	Professional fundraising fees		02.007		02.007	
31	Accounting fees	31	93,087		93,087	
32	Legal fees	32	127,577	200 440	127,577	
33	Supplies	33	335,658	209,142	126,516	
34	Telephone	34	199,463	199,463	500 470	<u></u>
35	Postage and shipping	35	528,479	440.040	528,479	
36	Occupancy	36	236,394	112,942	123,452	
37	Equipment rental and maintenance	37	2,227,793	2,139,051	88,742	
38	Printing and publications	38	337,403	231,624	105,779	
39	Travel	39	541,785	 	541,785	
40	Conferences, conventions, and meetings	40	00.750	<u>-</u>		
41	Interest	41	23,753	4.504.005	23,753	
42	Depreciation, depletion, etc (attach schedule)	42	1,594 086	1,594,086	222.040	
43	Other expenses not covered above (itemize) a Strnt 3	43a	3,025,331	2,141,519	883,812	<u> </u>
þ	·· ··· · · · · · · · · · · · · · · · ·	43b				
Ç		43c				
đ		43d				
е 44	Total functional expenses (add lines 22 through 43) Organizations	43e	44.455.004	7.450.007	4.040.404	
	completing columns (B) (D), carry these totals to lines 13- 15 It Costs Check If you are following SOF		11,469,091	7,452,987	4,016,104	
	any joint costs from a combined educational campaign					
	es," enter (i) the aggregate amount of these joint cos					s \$
	he amount allocated to Management and general \$			e amount allocated		
	t III Statement of Program Service Acc					
All o	it is the organization's primary exempt purpose? rganizations must describe their exempt purpose a lients served, publications issued etc. Discuss act inizations and 4947(a)(1) nonexempt charitable trusts	ichieverr hieverne	nents in a clear an	neasurable (Sectio	State the number n 501(c)(3) and (4)	Program Service Expenses (Required for 501(c)(3) an (4) orgs and 4947(a)(1) trusts, but optional for others)
а	Production and distribution of 24 hour per da throughout the world	y religi	ous programmir	ng for electronic	transmission	
,	····· ··· ··· ··· ··· ··· ··· ··· ···	Grants a	and allocations	<u> </u>		7,452,98
b						
	··· · · · · · · · · · · · · · · · · ·	Grants a	and allocations	 \$	- · · · · · · · · · · · · · · · · · · ·	
c						
			••••	•••		J
_	(Grants a	and allocations	\$	· · · · · · · · · · · · · · · ·	
d						
				-		ĺ
	(Grants a	and allocations	\$		
e (and allocations	\$)	
	Total of Program Service Expenses (should eq			Program services)	>	

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

N	ote	Where required attached schedules and amounts	within the	description	(A)		(B)
		column should be for end-of-year amounts only			Beginning of year		End of year
	45	Cash- non-interest-bearing		ļ <u>.</u>	304,365	-	1,477,406
	46	Savings and temporary cash investments		4,109,652	46	4,121,578	
			405 504	•			
	47a	Accounts receivable	47a	165,591	193,624	470	133,358
	þ	Less allowance for doubtful accounts	47b	32,233	193,024		133,336
			48a	164,862	·		
1		Pledges receivable	48b	104,002		48c	164,862
		Less allowance for doubtful accounts	[400]			49	.07,002
	49	Grants receivable				-	
	50 Receivables from officers, directors, trustees, and key employated (attach schedule)		key employees		50		
	E4.	Other notes and loans receivable (attach					
Š	Ja	schedule)					
Assets	ь	Less allowance for doubtful accounts	51b			51c	
Aŝ	52				88,160	52	276,360
	53	Prepaid expenses and deferred charges			307,364	53	441,430
	54	Investments- securities (attach schedule)	>	☐ Cost ☐ FMV L		54	
	55a	Investments- land, buildings and					
		equipment basis	55a				
	ь	Less accumulated depreciation (attach			•		
		schedule)	55b		······································	55c	
	56	Investments- other (attach schedule)	Legal	20 207 026		56	
	l	Land, buildings, and equipment basis	57a	20,297,026			
	b	Less accumulated depreciation (attach	57b	8,413,471	9,845,142	57c	11,883,555
	58	schedule) Other assets (describe > Statement 5	(3,0)	1	18,605,582		23,851,825
	30	Oniei assers (describe >					
	59	Total assets (add lines 45 through 58) (mus	t equal l	ne 74)	33,453,889	59	42,350,374
	60	Accounts payable and accrued expenses		454,336	60	453,657	
	61	Grants payable				61	
	62	Deferred revenue		1		62	8,571
S	63	Loans from officers, directors trustees, an					
Liabilities		schedule)		-		63	
Ę		Tax-exempt bond liabilities (attach schedule			120,100	64a	1,643,428
		Mortgages and other notes payable (attach	schedule	e) , }	19,153,827	65	22,087,188
	65	Other liabilities (describe ► Statement 6		'	10,100,027	"	22,00.,100
	66	Total liabilities (add lines 60 through 65)			19,728,263	66	24,192,844
		anizations that follow SFAS 117, check here	▶ □ a=	d complete lines			
	Urg.	67 through 69 and lines 73 and 74	اله ل	o complete intes			
Ses	67	Unrestricted			11,976,736	67	15,364,864
ă	68	Temporarily restricted		ĺ	1,748,890	68	2,792,666
Bal	69	Permanently restricted		Į		69	
ᅙ		anizations that do not follow SFAS 117, chec	k here 🕨	and			
Fund Balances	"	complete lines 70 through 74					
5	70	Capital stock, trust principal, or current fund	ds			70	
ş	71	Paid-in or capital surplus or land, building,	and equ	ipment fund		71	
Net Assets	72	Retained earnings, endowment, accumulate				72	
چ	73	Total net assets or fund balances (add line	es 67 thr	ough 69 OR lines			
Š	1	70 through 72		ial has 21)	13,725,626	73	18,157,530
		column (A) must equal line 19 column (B) i			33,453,889	_	42,350,374
	74	Total liabilities and net assets / fund balan	ices (900	imes op and 73)	33,433,003	1/4	72,000,017

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	Financia	liation of Rever Il Statements w See Specific Ins	ıth Revenue	per	Part	Fı	econciliation of nancial Statem eturn	f Expenses lents with I	per Expe	Audited nses per
			and other suppor	1		а	•	enses and los	•		
•			statements	uniumini	935,319 /////////	ь		ancial statement ncluded on line		a /	11,940,167
i	line 12, F	orm 990	n line a but not o				on line 17,	Form 990	a but not		
• •	Net unrea on investi	ılızed gains nents	\$ 13,862	-		(1)	Donated and use of				
		services of facilities		-		(2)	reported on		•		
	Recoverii year grar	es of prior its	<u>\$</u>	- 6		(3)					
(4)	Other (sp	ecify)				(4)	line 20, For Other (spe				
	Stateme		\$ 471,070		484,938		Statemen	•	471,076		
•	Add amoi	unts on line	es (1) through (4) I		707,500	1		nts on lines (1) thr		b	471,076
C	Line a m	inus line b	ı	c 13,	450,381	c	Line a min		▶	c	11,469,091
		included of but not o	- · · · · · · · · · · · · · · · · · · ·			d		ncluded on line to but not on line a	· · •		
		t expenses				(1)	Investment	•			
	not includ 6b, Form	ded on line	! «				not include 6b. Form 99				
	ob, rom Other (sp		<u></u>	- \		(2)	Other (spe	-			
\- /			_								
			\$ (1) and (2)	_ <i> III III III </i> _ d		1	Add amou	nts on lines (1)	and (2) b	d	
е	Total rev		nes (1) and (2) I line 12, Form 99	0	,450,381	е		nses per line 17		e	11,469,091
	V L	st of Office	cers, Directors						if not comp	ensati	
	<u>Ins</u>		n page 26) ne and address		(B) Title	and aver	age hours per	(C) Compensation (If not paid, enter	(D) Contribution employee benefit p	stans &	(E) Expense account and other
State	ment 9						to position	143,482	delerred compens	sation	allowances
			·····		-						
	••										
	•										
	•										
75	organizati	ion and all r	tor, trustee or key elated organization nedule- see Spe	s, of which mo	re than \$	10,000 v	ompensation was provided	of more than \$100 by the related org	0,000 from yo janizations?	our ► (☐ Yes ☐ No
	***										Form 990 (200)

Par	Other Information (See Specific Instructions on page 27)			Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed	description of each activity	76		>
77	Were any changes made in the organizing or governing documents but not report	ed to the IRS?	77		~
	If "Yes," attach a conformed copy of the changes				
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year	ar covered by this return?	78a		~
b	If "Yes" has it filed a tax return on Form 990-T for this year?		78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? I	f "Yes." attach a statement	79		V
80a	is the organization related (other than by association with a statewide or nationwide organization)	nization) through common			
	membership, governing bodies trustees, officers etc. to any other exempt or nonexe		80a		~
b	If "Yes," enter the name of the organization ▶				
	and check whether it is a exer	npt OR 🔲 nonexempt			
81a	Enter direct or indirect political expenditures. See line 81 instructions	81a			
Ь	Did the organization file Form 1120-POL for this year?		81b		~
82a	Did the organization receive donated services or the use of materials, equipment	or facilities at no charge	1		
	or at substantially less than fair rental value?	5	82a	******	*******
b	If "Yes" you may indicate the value of these items here. Do not include this amount				
	as revenue in Part I or as an expense in Part II (See instructions in Part III)	82b			
83a	Did the organization comply with the public inspection requirements for returns and	exemption applications?	83a	~	
b	Did the organization comply with the disclosure requirements relating to quid pro	quo contributions?	83b	~	
84a	Did the organization solicit any contributions or gifts that were not tax deductible	?	84a	m	<i>\</i>
þ	If "Yes," did the organization include with every solicitation an express statement	that such contributions			
	or gifts were not tax deductible?		84b		_
85	501(c)(4) (5) or (6) organizations a Were substantially all dues nondeductible by member		85a		
Ь	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below	v unless the organization			
	received a waiver for proxy tax owed for the prior year	1050)			
	Dues, assessments, and similar amounts from members	85c 85d	-		
d	Section 162(e) lobbying and political expenditures	85e	<i>-{/////</i>		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85f	-		
	Taxable amount of lobbying and political expenditures (line 85d less 85e)		85g		
_	Does the organization elect to pay the section 6033(e) tax on the amount on line		953		-
n	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the reasonable estimate of dues allocable to nondeductible lobbying and political expendi		1		[
	year?	tules for the lollowing tax	85h		
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	86a			
	Gross receipts, included on line 12 for public use of club facilities	86b			
87~	501(c)(12) orgs Enter a Gross income from members or shareholders	87a			
ь					
	sources against amounts due or received from them)	87b			
88	At any time during the year did the organization own a 50% or greater interest in	a taxable corporation or			}
-	partnership, or an entity disregarded as separate from the organization und		1		1
	301 7701-2 and 301 7701-3? If "Yes," complete Part IX		88		
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during	the year under			
	section 4911 ▶, section 4912 ▶, section				
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 ex	cess benefit transaction]	
	during the year or did it become aware of an excess benefit transaction from a pr	ior year? If "Yes," attach			'
	a statement explaining each transaction		89b	L	Щ.
С	Enter Amount of tax imposed on the organization managers or disqualified person	s during the year under			
	sections 4912, 4955, and 4958	▶ _			0
	Enter Amount of tax on line 89c, above, reimbursed by the organization	▶ _			0
	List the states with which a copy of this return is filed ▶		_		•
þ	Number of employees employed in the pay period that includes March 12, 2001 (See	instructions) 90b		9 <u>5</u>	
91	The books are in care of ▶ Larry Ewing	elephone no ►(618) (21-46	51 •	
		olf / 4 P · · · · · · · · · · · · · · · · · ·	6-022	·	L
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 10				▶
	and enter the amount of tax-exempt interest received or accrued during the tax v	/ear ► 92			

Part	VII Analysis of Income-Producing	Activities (See S	pecific Instruct	ions on pag	ge 32)	
Note	Enter gross amounts unless otherwise	Unrelated b	usiness income	Excluded by sec	tion 512 513 or 514	
ındıc		(A)	(B)	(C)	(D)	Related or exempt function
93	Program service revenue	Business code	Amount	Exclusion code		income
a	Production and distribution	. [857,768
b						
c						
d						
e						
ſ	Medicare/Medicaid payments				,	
g	Fees and contracts from government agenci	es				
94	Membership dues and assessments					1
95	Interest on savings and temporary cash investmen	nts				38,397
96	Dividends and interest from securities					
97	Net rental income or (loss) from real estate					
а	debt-financed property			l		
b	not debt-financed property					24,464
98	Net rental income or (loss) from personal proper	tv				
99	Other investment income	"				
100	Gain or (loss) from sales of assets other than invente	orv				-1,235
101	Net income or (loss) from special events	,				
102	Gross profit or (loss) from sales of inventory	,		1		158,332
103	Other revenue a Video and Other Sales					251,110
ь	Change in value split interest agreements	5				-227,430
c	Other					25,813
ď						
e						
104	Subtotal (add columns (B), (D) and (E))					1,127,219
105	Total (add line 104, columns (B), (D), and (E	7))			>	1,127,219
		• //				11.01,010
	Line 105 plus line 1d, Part I, should equal to	he amount on line				
	VIII Relationship of Activities to the A	he amount on line ccomplishment o	f Exempt Purpo		pecific Instructi	ons on page 32)
Note	VIII Relationship of Activities to the A No Explain how each activity for which incor	he amount on line ccomplishment on the is reported in col	f Exempt Purpoumn (E) of Part VII	contributed in	pecific Instructi	ons on page 32)
Note Part	VIII Relationship of Activities to the A No Explain how each activity for which incor of the organization's exempt purposes (or	he amount on line ccomplishment on the is reported in col	f Exempt Purpoumn (E) of Part VII	contributed in	pecific Instructi	ons on page 32)
Note Part Line	VIII Relationship of Activities to the A No Explain how each activity for which incor	he amount on line ccomplishment on the is reported in col	f Exempt Purpoumn (E) of Part VII	contributed in	pecific Instructi	ons on page 32)
Note Part Line	VIII Relationship of Activities to the A No Explain how each activity for which incor of the organization's exempt purposes (or	he amount on line ccomplishment on the is reported in col	f Exempt Purpoumn (E) of Part VII	contributed in	pecific Instructi	ons on page 32)
Note Part Line	VIII Relationship of Activities to the A No Explain how each activity for which incor of the organization's exempt purposes (or	he amount on line ccomplishment on the is reported in col	f Exempt Purpoumn (E) of Part VII	contributed in	pecific Instructi	ons on page 32)
Note Part Line	VIII Relationship of Activities to the A No Explain how each activity for which incor of the organization's exempt purposes (o Statement 11	the amount on line complishment on the complishment on the color of th	of Exempt Purpound (E) of Part VII og funds for such	contributed in purposes)	pecific Instruction	ons on page 32) accomplishment
Note Part Line	Line 105 plus line 1d, Part I, should equal to VIII Relationship of Activities to the A Explain how each activity for which incor of the organization's exempt purposes (or Statement 11) IX Information Regarding Taxable Sul	the amount on line ccomplishment on the ccomplishment on the control of the contr	of Exempt Purpoumn (E) of Part VII og funds for such purpoumn	contributed in purposes)	pecific Instruction	ons on page 32) accomplishment s on page 33)
Note Part Line	VIII Relationship of Activities to the A No Explain how each activity for which incor of the organization's exempt purposes (o Statement 11	the amount on line complishment on the complishment on the color of th	of Exempt Purpound (E) of Part VII og funds for such	contributed in purposes)	pecific Instruction	ons on page 32) accomplishment
Note Part Line	VIII Relationship of Activities to the A No Explain how each activity for which incor of the organization's exempt purposes (or Statement 11 IX Information Regarding Taxable Sul	the amount on line ccomplishment of the is reported in column the is reported in column their than by providing the interest and Discourse interest.	of Exempt Purpoumn (E) of Part VII og funds for such purpoumn (E) of Part VII og funds for such purpoumn (E)	contributed in purposes)	pecific Instructions	ons on page 32) accomplishment s on page 33)
Note Part Line	VIII Relationship of Activities to the A No Explain how each activity for which incor of the organization's exempt purposes (or Statement 11 IX Information Regarding Taxable Sul (A) Name address and EIN of corporation	the amount on line ccomplishment of the is reported in column the is reported in column their than by providing their than by providing the interest than th	of Exempt Purpoumn (E) of Part VII og funds for such purpoumn (E) of Part VII og funds for such purpoumn (E)	contributed in purposes)	pecific Instructions	ons on page 32) accomplishment s on page 33) (E) End-of year
Note Part Line	VIII Relationship of Activities to the A No Explain how each activity for which incor of the organization's exempt purposes (or Statement 11 IX Information Regarding Taxable Sul (A) Name address and EIN of corporation	be amount on line ccomplishment on the is reported in column the intermediate in column the column the intermediate in column the intermediate in column the	of Exempt Purpoumn (E) of Part VII og funds for such purpoumn (E) of Part VII og funds for such purpoumn (E)	contributed in purposes)	pecific Instructions	ons on page 32) accomplishment s on page 33) End-of year
Note Part Line	VIII Relationship of Activities to the A No Explain how each activity for which incor of the organization's exempt purposes (or Statement 11 IX Information Regarding Taxable Sul (A) Name address and EIN of corporation	be amount on line ccomplishment on the is reported in column than by providing containing the interest of the	of Exempt Purpoumn (E) of Part VII og funds for such purpoumn (E) of Part VII og funds for such purpoumn (E)	contributed in purposes)	pecific Instructions	ons on page 32) accomplishment s on page 33) End-of year
Note Part Line	VIII Relationship of Activities to the A No Explain how each activity for which incor of the organization's exempt purposes (or Statement 11 IX Information Regarding Taxable Sul (A) Name address and EIN of corporation partnership or disregarded entity	be amount on line ccomplishment on the is reported in column than by provide containing the interest of the in	of Exempt Purpoumn (E) of Part VII og funds for such progression (E) or exempt Purpour (contributed in purposes) es (See Spectivities	pecific Instructions cific Instructions (D) Total income	ons on page 32) accomplishment s on page 33) End-of year assets
Part Part	VIII Relationship of Activities to the A No Explain how each activity for which incor of the organization's exempt purposes (or Statement 11 IX Information Regarding Taxable Sul (A) Name address and EIN of corporation partnership or disregarded entity X Information Regarding Transfers Assets X Information Regarding Transfers Assets	be amount on line ccomplishment on the is reported in column the is reported in column the interest of the int	onal Benefit Con	es (See Spectivities	pecific Instructions sific Instructions (D) Total income	ons on page 32) accomplishment s on page 33) End-of year assets ons on page 33)
Part Part (a)	VIII Relationship of Activities to the A No Explain how each activity for which incor of the organization's exempt purposes (or Statement 11 IX Information Regarding Taxable Statement (A) Name address and EIN of corporation partnership or disregarded entity X Information Regarding Transfers Associated the organization, during the year, receive any funds	be amount on line ccomplishment on the is reported in column the is reported in column the interest of the int	onal Benefit Con	es (See Spectivities	pecific Instructions (D) Total income	ons on page 32) accomplishment s on page 33) End-of year assets ons on page 33) Yes V No
Part Part (a) (b)	VIII Relationship of Activities to the A- No Explain how each activity for which incor of the organization's exempt purposes (or Statement 11 IX Information Regarding Taxable Sul (A) Name address and EIN of corporation partnership or disregarded entity X Information Regarding Transfers Associated the organization, during the year, receive any funds Did the organization, during the year, pay p	be amount on line ccomplishment on the is reported in column the is reported in column the interest of the int	onal Benefit Con appropriate or and receipt on a pay premiums on a pay premiums on a pay indirectly on a	es (See Spectivities	pecific Instructions (D) Total income	ons on page 32) accomplishment s on page 33) End-of year assets ons on page 33)
Part Part (a) (b)	VIII Relationship of Activities to the A- No Explain how each activity for which incor of the organization's exempt purposes (or Statement 11 IX Information Regarding Taxable Sul (A) Name address and EIN of corporation partnership or disregarded entity X Information Regarding Transfers Assume the organization, during the year, receive any funds Did the organization, during the year, pay pate If "Yes' to (b), file Form 8870 and Form	be amount on line ccomplishment on line is reported in column the strength of their than by providing	onal Benefit Con pay premiums on a prindirectly on a prons)	es (See Spec ctivities	pecific Instructions cific Instructions (D) Total income specific Instructions t contract?	ons on page 32) accomplishment s on page 33) End-of year assets ons on page 33) Yes No Yes No
Part Part (a) (b)	VIII Relationship of Activities to the A No Explain how each activity for which incor of the organization's exempt purposes (or Statement 11 IX Information Regarding Taxable Sul (A) Name address and EIN of corporation partnership or disregarded entity X Information Regarding Transfers As: Did the organization, during the year, receive any funds Did the organization, during the year, pay pote If "Yes" to (b), file Form 8870 and Form Under organizes of periors, I declare that I have example to the potential of the perior of the period of	be amount on line ccomplishment of the is reported in column the is reported in column the interest of the int	onal Benefit Con or pay premiums on a or indirectly on a	es (See Spec ctivities	pecific Instructions cific Instructions (D) Total income	ons on page 32) accomplishment s on page 33) End-of year assets ons on page 33) Yes No Yes No
Part (a) Note	VIII Relationship of Activities to the A- No Explain how each activity for which incor of the organization's exempt purposes (or Statement 11 IX Information Regarding Taxable Sul (A) Name address and EIN of corporation partnership or disregarded entity X Information Regarding Transfers As: Did the organization, during the year, receive any funds Did the organization, during the year, pay pate if "Yes' to (b), file Form 8870 and Form Under penalties of perjury I declare that I have examined the process of the process of the period of the organization of the penalties of perjury I declare that I have examined belief it is true correct and complete Occasion.	be amount on line ccomplishment of the is reported in column the is reported in column the interest of the int	onal Benefit Con or pay premiums on a or indirectly on a	es (See Spec ctivities	pecific Instructions cific Instructions (D) Total income	ons on page 32) accomplishment s on page 33) End-of year assets ons on page 33) Yes No Yes No
Part (a) Note Part Part (b) Note	VIII Relationship of Activities to the A No Explain how each activity for which incor of the organization's exempt purposes (or Statement 11 IX Information Regarding Taxable Sul (A) Name address and EIN of corporation partnership or disregarded entity X Information Regarding Transfers As: Did the organization, during the year, receive any funds Did the organization, during the year, pay pote If "Yes' to (b), file Form 8870 and Form Under penalties of perjury I declare that I have examined the potential of the potential of the penalties of perjury I declare that I have examined the potential of the penalties of perjury I declare that I have examined the penalties of perjury I declare that I have examined the penalties of perjury I declare that I have examined the penalties of perjury I declare that I have examined the penalties of perjury I declare that I have examined the penalties of perjury I declare that I have examined the penalties of perjury I declare that I have examined the penalties of perjury I declare that I have examined the penalties of perjury I declare that I have examined the penalties of perjury I declare that I have examined the penalties of perjury I declare that I have examined the penalties of perjury I declare that I have examined the penalties of perjury I declare that I have examined the penalties of penal	be amount on line ccomplishment of the is reported in column the is reported in column the interest of the int	onal Benefit Con or pay premiums on a or indirectly on a	es (See Spec ctivities stracts (See S	pecific Instructions cific Instructions (D) Total income specific Instructions t contract? nefit contract?	ons on page 32) accomplishment s on page 33) End-of year assets ons on page 33) Yes No Yes No
Part (a) (b) Note Part (a) Sign	VIII Relationship of Activities to the A No Explain how each activity for which incor of the organization's exempt purposes (or Statement 11 IX Information Regarding Taxable Sul (A) Name address and EIN of corporation partnership or disregarded entity X Information Regarding Transfers As: Did the organization, during the year, receive any funds Did the organization, during the year, pay pate If "Yes' to (b), file Form 8870 and Form Under penalties of perjury I declare that I have example the signature of officer Signature of officer	be amount on line ccomplishment of the is reported in column the is reported in column the interest of the int	onal Benefit Con or pay premiums on a or indirectly on a	es (See Spec ctivities stracts (See S	pecific Instructions cific Instructions (D) Total income specific Instructions contract? nefit contract?	ons on page 32) accomplishment s on page 33) End-of year assets ons on page 33) Yes No Yes No best of my knowledge has any knowledge
Part (a) Note Part Part (b) Note	VIII Relationship of Activities to the A. No Explain how each activity for which incor of the organization's exempt purposes (or Statement 11 IX Information Regarding Taxable Sul (A) Name address and EIN of corporation partnership or disregarded entity X Information Regarding Transfers As: Did the organization, during the year, receive any funds Did the organization, during the year, pay pote If "Yes' to (b), file Form 8870 and Form Under penalties of perjury I declare that I have example the state of officer of the president of officer of the signature of officer of the signat	be amount on line ccomplishment of the is reported in column the is reported in column the interest of the int	onal Benefit Con or pay premiums on a or indirectly on a	es (See Spec ctivities stracts (See S	pecific Instructions cific Instructions (D) Total income specific Instructions t contract? nefit contract?	ons on page 32) accomplishment s on page 33) End-of year assets ons on page 33) Yes No Yes No best of my knowledge has any knowledge
Part (a) (b) Note Part (a) Sign	VIII Relationship of Activities to the A No Explain how each activity for which incor of the organization's exempt purposes (or Statement 11 IX Information Regarding Taxable Sul (A) Name address and EIN of corporation partnership or disregarded entity X Information Regarding Transfers As: Did the organization, during the year, receive any funds Did the organization, during the year, pay pate If "Yes' to (b), file Form 8870 and Form Under penalties of perjury I declare that I have example the signature of officer Signature of officer	be amount on line ccomplishment of the is reported in column the is reported in column the interest of the int	onal Benefit Con or pay premiums on a or indirectly on a drons) ding accompanying stran officer) is based	es (See Spectivities attracts (See Spectivities personal benefit personal be chedules and state on all informations	pecific Instructions cific Instructions (D) Total income specific Instructions contract? nefit contract? nefit contract?	ons on page 32) accomplishment s on page 33) End-of year assets ons on page 33) Yes No Yes No
Part (a) (b) Note Part (a) Sign	VIII Relationship of Activities to the A- Explain how each activity for which incor of the organization's exempt purposes (or Statement 11 IX Information Regarding Taxable Sul (A) Name address and EIN of corporation partnership or disregarded entity X Information Regarding Transfers As: Did the organization, during the year, receive any funds Did the organization, during the year, pay pote if "Yes' to (b), file Form 8870 and Form Under penalties of perjury I declare that I have examined belief it is true correct and complete Declared President Type or pent name and tyte Preparer's Information Regarding Transfers As:	be amount on line ccomplishment of the is reported in column the is reported in column the interest of the int	onal Benefit Con or pay premiums on a or indirectly on a	es (See Spectivities stracts (See Spectivities personal benefit personal bechedules and stad on all informations of the self self self self self self self sel	pecific Instructions cific Instructions (D) Total income specific Instructions contract? nefit contract? nefit contract?	ons on page 32) accomplishment s on page 33) End-of year assets ons on page 33) Yes No Yes No best of my knowledge has any knowledge
Part Part (a) (b) Not Pleas Sign Here	VIII Relationship of Activities to the A- Explain how each activity for which incor of the organization's exempt purposes (or Statement 11 IX Information Regarding Taxable Sul (A) Name address and EIN of corporation partnership or disregarded entity X Information Regarding Transfers Associated the organization, during the year, receive any funds Did the organization, during the year, pay pote if "Yes' to (b), file Form 8870 and Form Under penalties of perjury I declare that I have examined belief it is true correct and complete Declared Type or pent name and use. Preparer's Signature of officer President Type or pent name and use.	be amount on line ccomplishment of the is reported in column the is reported in column the interest of the int	onal Benefit Con or pay premiums on a or indirectly on a drons) ding accompanying stran officer) is based	es (See Spectivities es (See Spectivities es (See Spectivities estracts (See Spectivities personal benefit personal benef	pecific Instructions Iffic Instructions (D) Total income Specific Instruction t contract? nefit contract? Interests and to the ion of which prepare is SSN	ons on page 32) accomplishment s on page 33) End-of year assets ons on page 33) Yes No Yes No
Part (a) (b) Note Part (a) Fleas Sign Here	Line 105 plus line 1d, Part I, should equal to the AI No Explain how each activities to the AI No Explain how each activity for which incord of the organization's exempt purposes (or Statement 11 IX Information Regarding Taxable Sulf (A) Name address and EIN of corporation partnership or disregarded entity X Information Regarding Transfers Assult the organization, during the year, receive any funds Did the organization, during the year, pay pote If "Yes" to (b), file Form 8870 and Form Under penalties of perjury I declare that I have examined belief it is true correct and complete Declar and belief it is true correct and complete Declar Type or pent name and type Preparer's signature Erm's name for yours by Firm's name for yours by Erm's name for yours by Explain the AI Explain how each activities to the AI Information Regarding Taxable Sulf (A) (A) Name address and EIN of corporation partnership or disregarded entity	be amount on line ccomplishment of the is reported in column the is reported in column the interest of the int	onal Benefit Con or pay premiums on a or indirectly on a drons) ding accompanying stran officer) is based	es (See Spectivities stracts (See Spectivities stracts (See Spectivities chedules and stad on all information all informati	pecific Instructions cific Instructions (D) Total income specific Instructions contract? nefit contract? nefit contract?	ons on page 32) accomplishment s on page 33) End-of year assets ons on page 33) Yes No Yes No

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

Supplementary Information- (See separate instructions)

OMB No 1545-0047

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

27 4470056

Inree Angels Broadcasting Network			37 1173030			
Part I Compensation of the Five High (See page 1 of the instructions L	est Paid Employees Ot ist each one If there are	her Than Office e none, enter *N	lone ")			
(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		
Moses S Primo PO Box 39, Thompsonville, IL 62890	Director of Engineering	50,359				
PO Box 35, Thompsonvine, in 02030						
Gonzalo Santos	Electrician	50,818				
5693 Plaster Grove Rd, Thompsonville IL						
<u></u>						
Total number of other employees paid over						
Part II Compensation of the Five High (See page 2 of the instructions List	nest Paid Independent of the state of the st	Contractors for viduals or firms)	Professional So If there are none,	ervices enter "None ")		
(a) Name and address of each independent contractor				(c) Compensation		
Printers Inc		Printing service	(c) Compensation			
Aeroflite Inc		Airplane mainte services	enance and pilot	215,391		
Gray, Hunter Stenn LLP		Accounting and services	d auditing	125,367		
Du Treil, Lundin, & Rackley Inc		Engineering		50,47		
Total number of others receiving over \$50,000 for						

	, i	(Form 990 or 990 EZ) 2001			age 2
	rt III	Statements About Activities (See page 2 of the instructions)		Yes	No
1	atter or in	ing the year has the organization attempted to influence national state or local legislation, including an impt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid curred in connection with the lobbying activities \$	1	*******	V
	orga	enizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Othe inizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description obbying activities.			
2	Subs with own	ing the year, has the organization, either directly or indirectly, engaged in any of the following acts with an stantial contributors, trustees, directors, officers, creators, key employees, or members of their families, of any taxable organization with which any such person is affiliated as an officer, director, trustee, majority error principal beneficiary? (If the answer to any question is "Yes" attach a detailed statement explaining this sections.)			
a	Sale	, exchange or leasing of property?	2a		~
b	Lend	ling of money or other extension of credit?	2b		
С	Furn	ishing of goods services, or facilities?	2c	7	
d	Payr	ment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		
e	Tran	sfer of any part of its income or assets?	2e		~
	Do y Atta	s the organization make grants for scholarships fellowships, student loans etc? (See Note below) you have a section 403(b) annuity plan for your employees? Inch a statement to explain how the organization determines that individuals or organizations receiving grants from it in furtherance of its charitable programs—qualify* to receive payments	3		<i>y</i>
=	rt IV		<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>		
The	organ	ization 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 8	_	A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii) 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 hind state	ospital's r	ame	, city,
10		An organization operated for the benefit of a college or university owned or operated by a governmental unit. So Also complete the Support Schedule in Part IV A.)	ction 170	(b)(1)((A)(rv)
	_	An organization that normally receives a substantial part of its support from a governmental unit or from Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A.)	the gene	eral p	ublic
11b 12		A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV.A.). An organization that normally receives. (1) more than 331/3% of its support from contributions member eccipts from activities related to its charitable, etc. functions—subject to certain exceptions and (2) no its support from gross investment income and unrelated business taxable income (less section 511 tax) from by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Pa	nore than	1 337	3% o
		An organization that is not controlled by any disqualified persons (other than foundation managers) and sudescribed 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)(3))			
13		An organization that is not controlled by any disqualified persons (other than foundation managers) and sudescribed in (1) lines 5 through 12 above, or (2) section 501(c)(4) (5), or (6), if they meet the test of se	ction 509		

Par Note	t IV-A Support Schedule (Complete only You may use the worksheet in the instructions	for converting from	a box on line 10, om the accrual to	11, or 12) Use of the cash method	cash method o	f accounting
Cale	ndar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15	Gifts, grants and contributions received (Do					1
	not include unusual grants. See line 28.)	10,891,966	9,999,808	7,557,624	6,834,614	35,284,012
16	Membership fees received					
17	Gross receipts from admissions, merchandise				1	
	sold or services performed or furnishing of facilities in any activity that is related to the					
	organization's charitable, etc purpose	3,415,540	4,523,968	1,488,651	134,290	9,562,449
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	74,844	31,583	65,770	13,920	186,117
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					Ì
	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					Ĭ
	services or facilities generally furnished to the					
	public without charge		<u> </u>			<u> </u>
22	Other income Attach a schedule Do not					
	include gain or (loss) from sale of capital assets	44.000.050	44 45-	2 4 4 2 4 4 7		
23	Total of lines 15 through 22	14,382,350	14,555,359	9,112,045	6,982,824	
24	Line 23 minus line 17	10,966,810	10,031,391	7,623,394	6,848,534	
25	Enter 1% of line 23	143,823	145,553	91,120	69,828	
26	Organizations described on lines 10 or 11	a Enter 2% of	amount in colum	n (e), ime 24	► 26a	
b	Prepare a list for your records to show the nar					
	governmental unit or publicly supported organiz					
	amount shown in line 26a Do not file this list w			I these excess an	10unts ▶ 26t	
C	Total support for section 509(a)(1) test Enter li					
đ	· · · · · · · · · · · · · · · · · · ·				▶ 26c	
_	Public support (line 26c minus line 26d total)		260		266	
e		itor) divided by l	ine 26c (denomi	nator))	► 26I	
27						om a *disqualified
2,	person," prepare a list for your records to show	the name of and	total amounts rec	eived in each yea	ar from, each "di	squalified person *
	Do not file this list with your return Enter the				• .	,,
	(2000) 2,486,056 (1999)	1,444,658	(1998)	534,598	(1997)	0
h	For any amount included in line 17 that was recei	ved from each per		lisqualified person	, ,	for your records to
_	show the name of, and amount received for each	year, that was mo.	re than the larger	of (1) the amount	on line 25 for the	e year or (2) \$5,000
	(Include in the list organizations described in lines the difference between the amount received and					
	amounts) for each year	uic larger amount	described in (1)	U: (£), E::(E: U:E 3	un or these unit	cicines (the excess
	(2000) 59,426 (1999)	0	(1998)	43,297	(1997)	112,040
C	Add Amounts from column (e) for lines 15	35,284,012	16			1
	17 <u>9,562,449</u> 20		21		► <u>270</u>	
d	Add Line 27a total 4,465,312	and line 27b tota	214,	<u>763</u>	▶ 270	22 22 2 2 2 2
е	Public support (line 27c total minus line 27d to	tal)			▶ 276	
ſ	Total support for section 509(a)(2) test. Enter a				5,032,578	
9	Public support percentage (line 27e (numera				▶ 270	
<u>h</u>	Investment income percentage (line 18, colu					
28	Unusual Grants For an organization describe prepare a list for your records to show for ea description of the nature of the grant. Do not	ch year, the nam	e of the contribu	itor the date and	amount of the	grant and a brie
	description of the nature of the grant bo not	ine una nat with	Jour Letticu DO			990 or 990-EZ) 2001

Schedule A (Form 990 or 990 EZ) 2001

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)

_		
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?	Yes No
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?	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)	31
	Described to the state of the s	
32	Does the organization maintain the following 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
С	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
	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	
а	Students rights or privileges?	33a
Þ	Admissions policies?	33b
С	Employment of faculty or administrative staff?	33c
đ	Scholarships or other financial assistance?	33d
е	Educational policies?	33e
f	Use of facilities?	33f
g	Athletic programs?	33g
h	Other extracurricular activities?	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?	34a
b	Has the organization singht to such aid ever been revoked or suspended?	34b
	If you answered "Yes" to either 34a or b, please explain using an attached statement	
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35
_		990 or 990-EZ) 2001

Par	t VI-A Lobbying Expenditures by Ele (To be completed ONLY by an	ecting Public C eligible organiz	Charities (See Lation that filed	page 9 of t Form 5768	ne instructions) 3)		
Chec	k ▶ a ☐ if the organization belongs to an affilia	ted group Chec	k ▶ b 🗌 if y	ou checked "a"	and "limited control	provisions apply	
	Limits on Lobbyii (The term "expenditures" mea	•			(a) Affiliated group totals	(b) To be completed for ALL electing organizations	
36	Total lobbying expenditures to influence public	· · · · · · · · · · · · · · · · · · ·		3	6		
30 37	Total lobbying expenditures to influence a legis			3			
38	Total lobbying expenditures (add lines 36 and 3		. 100-jg,	3	8		
39	Other exempt purpose expenditures			3	9 '		
40	Total exempt purpose expenditures (add lines	38 and 39)		4	0		
41	Lobbying nontaxable amount Enter the amoun		ng table-				
		bbying nontaxabl					
	Not over \$500 000 20% o	f the amount on li	ne 40) /			
		00 plus 15% of the		1 1 .			
		00 plus 10% of the o		0,000	1 		
		00 plus 5% of the e	excess over \$1 50	0 000			
	Over \$17 000 000 \$1,000				//////////////////////////////////////		
42	Grassroots nontaxable amount (enter 25% of I Subtract line 42 from line 36 Enter -0- if line 4		- 36	<u> </u>	3		
43	Subtract line 42 from line 36 Enter 0 if line 4				4		
44	Stouactime 41 hour me 30 triter 0 while 4	T IS THOSE WISH WIT	c 30				
	Caution If there is an amount on either line 4:	3 or line 44, you π	oust file Form 47	20			
	4-Year Av	eraging Period	Under Section	on 501(h)			
	(Some organizations that made a section See the instructions f	on 501(h) election or lines 45 throug	do not have to c h 50 on page 11	omplete all of of the instruc	the five columns toons)	elow	
	-	Lobi	obbying Expenditures During 4-Year Averaging Period				
	Calendar year (or fiscal year beginning in) ▶	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(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						
Pa	rt VI-B Lobbying Activity by Nonele (For reporting only by organization)	cting Public Chations that did r	narities not complete l	Part VI-A) (S	ee page 12 of the	ne instructions)	
Duri	ing the year did the organization attempt to infl mpt to influence public opinion on a legislative i	uence national, st	ate or local legis	lation, includir			
	Volunteers						
b		ion in expenses re	eported on lines	c through h)			
c							
d	and the second s	:			ļ <u>-</u>		
e					1-1-		
f	Grants to other organizations for lobbying pur				 		
g	Description of their staffs and		or a legislative t	oody			
h			res or any other	means			
1	Total lobbying expenditures (Add lines c through "Yes" to any of the above, also attach a sta	igh h) tement giving a di	etailed description	on of the lobby	ying activities		

Schedule A (Form 990 or 990 EZ) 2001 Page 6 Information Regarding Transfers To and Transactions and Relationships With Noncharitable Part VII Exempt Organizations (See page 12 of the instructions) 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? Yes No a Transfers from the reporting organization to a noncharitable exempt organization of 51a(i) (i) Cash a(ii) (ii) Other assets **b** Other transactions b(i) (i) Sales or exchanges of assets with a noncharitable exempt organization b(ii) (ii) Purchases of assets from a noncharitable exempt organization **b**(m) (iii) Rental of facilities, equipment or other assets b(iv) (iv) Reimbursement arrangements b(v) (v) Loans or loan guarantees b(vi) (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 (a) Description of transfers transactions and sharing arrangements Name of noncharitable exempt organization Amount involved Line no

	<u> </u>			Schedule A (Form 990 or 990-EZ) 2	00 i
		41.	 		
					_
			 		
			ļ		
					_
-					_
	(a) Name of organiza	ation	(b) Type of organization	(c) Description of relationship	
II "Ye	es " complete the f	following schedul	e		
Is the	e organization dire ribed in section 50	ectly or indirectly	affiliated with, or related to, ((other than section 501(c)(3)) o	one or more tax-exempt organizations or in section 527? P	lo
					_
	Is the	Is the organization direction 50 described in section 50	Is the organization directly or indirectly described in section 501(c) of the Code	Is the organization directly or indirectly affiliated with, or related to, described in section 501(c) of the Code (other than section 501(c)(3)) of	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 N

3

Schedule B (Farm'990, 990-EZ, or 990-PF)

Schedule of Contributors Supplementary Information for

OMB No 1545 0047

Department of the Treasury Internal Revenue Service

during the year)

line 1 of Form 990, 990-EZ and 990-PF (see instructions)

Employer identification number Name of organization Three Angels Broadcasting Network, Inc. 37:1179056 Organization type (check one) Filers of Section Form 990 or 990-EZ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation ☐ 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation ☐ 501(c)(3) taxable private foundation Check if your organization is covered by the General rule or a Special rule (Note Only a section 501(c)(7) (8), or (10) organization can check box(es) for both the General rule and a Special rule—see instructions) General Rule-For organizations filing Form 990, 990-EZ or 990-PF that received during the year \$5,000 or more (in money or property) from any one contributor (Complete Parts I and II) Special Rules-For a section 501(c)(3) organization filing Form 990, or Form 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II) For a section 501(c)(7), (8) or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year aggregate contributions or bequests of more than \$1,000 for use exclusively for religious charitable. scientific, literary or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and 111)

Caution Organizations that are not covered by the General rule and/or the Special rules do not file Schedule B (Form 990 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990 Form 990-EZ or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc. purposes, but these contributions did not aggregate to more than \$1,000 (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the Parts unless the General rule applies to this organization because it received nonexclusively religious charitable, etc., contributions of \$5,000 or more

	Page .	1	to_	1	of Part	1
Emplo	yer ide	ntıfi	cati	on i	numbe	

Name of organization

Three Angels Broadcasting Network, Inc. 37:1179056 Part F Contributors (See Specific Instructions) (b) (c) (d) (a) Νo Name address and 7IP + 4 Aggregate contributions Type of contribution 1 Person Payrol! 877,742 Noncash (Complete Part II if there is a noncash contribution) (c) (d) (a) **Aggregate contributions** Type of contribution No 2 Person **Payroll** 775,000 Noncash (Complete Part II if there is a noncash contribution) (d) (c) (a) Aggregate contributions Type of contribution No 3 Person **Payroll** Noncash (Complete Part II if there is a noncash contribution) (a) (c) (d) Aggregate contributions Type of contribution No Person **Payroll** 352,000 Noncash (Complete Part II if there is a noncash contribution) (a) (c) (d) Type of contribution Name, address and ZIP + 4 Aggregate contributions No Person **Payroll** Noncash (Complete Part II if there is a noncash contribution) (c) **(d)** (b) (a) Aggregate contributions Type of contribution Name, address and ZIP + 4 Nο Person **Payroll** Noncash (Complete Part II if there is a noncash contribution)

#37-1179056

Statement 1
Form 990, Part I, Line 8
Net Gain (Loss) form Noninventory Sales

Publicly Traded Securities

Description	Securities
Date Acquired	Various
How Acquired	Purchased or Donated
Date Sold	Various
To Whom Sold	Market Shares - Unknown
Gross Sales Price	74,871
Cost Basis	76,106
Loss on Sale	(1,235)
Statement 2	
Form 990, Part I, Line 20	
Other Changes in Net Assets or Fund Balances	
Record split interest agreements previously unrecorded Reclassification of amounts due to other ministries	2,451,034
previously classified as temporarily restricted	(14,282)
Net unrealized gains on marketable securities	13,862
	2,450,614

Statement 3 Form 990, Part I, Line 43 Other Expenses

•		Program Management		
Other Expenses	Total	Services	& General	Fundraising
Advertising and promotion	212,798	118,579	94,219	
Bad Debts	28,160	28,160	01,210	
Broadcasting	131,066	131,066		
Camp Meeting	26,817		26,817	
Contract Labor	135,826		135,826	
Credit Card Fees	24,966		24,966	
Downlink	841,050	841,050		
Dues and Registration	103,842	103,842		
Insurance	441,646		441,646	
Miscellaneous	207,002	100,737	106,265	
Small Tools & Equipment	75,269	21,196	54,073	
Special Projects	796,889	796,889		
	3,025,331	2,141,519	883,812	
			_	

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Statement 4 Form 990, Part IV, Line 57 Land, Buildings and Equipment

Asset	Cost	Accum Deprec	Net Book Value
710001			70.00
Aircraft	1,346,893	11,224	1,335,669
Buildings	3,517,409	436,666	3,080,743
Land	681,178	• • • • •	681,178
Land Improvements	187,511	22,531	164,980
Machinery & Equipment	12,456,074	7,157,788	5,298,286
Vehicles	1,564,985	785,262	779,723
Construction in Progress	542,976		542,976
Q	20,297,026	8,413,471	11,883,555
Statement 5 Form 990 Part IV, Line 58 Other Assets			
Annuities			7,621,899
Trusts			16,229,926
1103.5			23,851,825
			20,001,020
Statement 6 Form 990 Part IV, Line 65 Other Liabilities			
Annuities			4,405,293
Liabilities under Unitrust Agreements			1,451,969
Revocable Trust Liabilities			16,229,926
110100000			22,087,188
Statement 7 Form 990 Part IV-A, Line B(4) Other Amounts			
Cost of Goods Sold - Satelites			460,500
Rental Expenses			10,576
, to the map ellow			471,076
Statement 8			
Form 990 Part IV-B, Line B(4)			
Other Amounts			
Cost of Goods Sold - Satelites			460,500
Rental Expenses			10,576
			471,076

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Statement 9
Form 990, Part V
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title & Avg Hrs/Wk	Comp	Employee Benefits	Expense Account	
Dr Walter Thompson 174 Fox Borough Burr Ridge, IL 60521	Chairman None	0	(0	0
J Wayne Coulter 619 Plainfield Rd , 3rd Floor Willowbrook, IL 60521-5381	Director None	0		0	0
May E Chung 155 Manchester Lane San Bernardino, CA 92408	Director None	0		0	0
Or Robert Ford 2517 NE Kresky Chehalis, Wa 98532-2409	Director None	0	(0	0
Bill Hulsey PO Box 596 Collegedale, TN 37315	Director None	0	· •	0	0
Ellsworth McKee PO Box 750 Collegedale, TN 37315	Director None	0	(0	0
Danny Shelton 2954 New Lake Road West Frankfort, IL 62896	President Director 40 hrs/wk	55,504			
Linda Shelton 2954 New Lake Road West Frankfort, IL 62896	Vice Pres Director 40 hrs/wk	49,354			
Stan Smith Box 100 Lillooet, BC V0K 1V0	Director None	0	(0	0
G Ralph Thompson 12501 Old Columbia Pike Silver Spring, MD 20904-6600	Director None	0	1	0	0

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Statement 9
Form 990, Part V
List of Officers, Directors, Trustees, and Key Employees (Continued)

Name and Address	Title & Avg Hrs/Wk	Comp	Employee Benefits	Expense Account
Owen Troy	Director	0	C) 0
1906 Dana Drive	None			
Adelphi, MD 20783-2119				
Larry Welch	Director	38,624	(0
715 S Mulkey	40 hrs/wk			
Christopher, IL 62822				
		143,482		

Statement 10

Form 990, Part V, Line 90A

List of States Which This Return is Filed

California Illinois

Oregon

Statement 11 Form 990, Part VII

Relationship of Activities to the Accomplishment of Exempt Purposes

Line #	Explanation of Activities
93	Payment for airtime & production of certain religious programming
95	Interest income is used to help offset general operating expenses
97	Rental income is used to help offset general operating expenses
102	Sale of satellite dishes to enable veiwers to receive programming
103	Sale of religious programming and religious books

Statement 12 Schedule A, Part IV-A, Line 27A Payments From Disqualified Persons

Disqualified Person	2000	1999	1998	1997
	55,000	220,000	65,000	
	1,565	986,658	49,598	
	352,000	238,000	420,000	
	775,000			
	424,749	,		
	877,742			
	2,486,056	1,444,658	534,598	

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Statement 13 Schedule A, Part IV-A, Line 27B Payments From Nondisqualified Persons

Nondisqu	alified Person	2000	1999	1998	1997
		•		134,399	182,228
	•	189,500		134,399	
		157,572			
Subtotal		347,072		134,399	182,228
Less	143,823 X 2	287,646			
	91,120 X 1			91,120	
	69,828 X 1				69,828
Excess		59,426		43,279	112,400

Form-8868 [1	2-2000)		
If you arNote: OnlyIf you ar	e ling for an Additional (not automatic). 3-Month Extension, complete complete Part II if you have already been granted an automatic 3-month e filing for an Automatic 3-Month Extension, complete only Part I (on part I)	extension on a pres	viously filed Form 8868.
Part II	Additional (not automatic) 3-Month Extension of Time-Must	File Original and	One Conv
Type or	Treme of Emerips or got azedot	Emple	oyer identification number
print. File by the	Three Angels Broadcasting Network, Inc. Number, street, and room or suite no. If a P.O. box, see instructions.	<u> </u>	37 ; 1179056
extended due date for	P.O. Box 220	For IR	RS use only
filing the return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. West Frankfort, IL 62890		,
Check typ	e of return to be filed (File a separate application for each return):		· · · · · · · · · · · · · · · · · · ·
Form 99	90	orm 4720 🔲 Fo	orm 5227
	not complete Part II if you were not already granted an automatic 3-month	extension on a pre	viously filed Form 8868.
for the who	panization does not have an office or place of business in the United State for a Group Return, enter the organization's four digit Group Exemption Note group, check this box I like of all members the extension is for.		
4 Force	est an additional 3-month extension of time until November 15	. 20 02	
6 If this	tax year is for less than 12 months, check reason: Initial return	and ending	, 20
wish	in detail why you need the extension. We have not yet obtained our audited for its file with our preliminary balances. We expect to have our audited fand will file our 990 within 2 weeks of receiving final audited financial	inancial etatament	nge in accounting period ments, and do not by September 15,
8a If this	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the fundable credits. See instructions	tentative tax, less	any
b if this tax p	application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable ayments made. Include any prior year overpayment allowed as a creditually with Form 8868	e credits and estimated and any amount	ated paid
c Balan with	ce Due. Subtract line 8b from line 8a. Include your payment with this form FTD coupon or, if required, by using EFTPS (Electronic Federal Tax ctions	n. or, if required, dep Payment System).	xosit See
Under penaltie it is true, corre	Signature and Verification s of perjury. I declare that I have examined this form, including accompanying schedules and sand complete, and that I am authorized to prepare this form.	tatements, and to the bes	it of my knowledge and belief,
Signature >	Title - Director of		e = Guant 12 2002
VÌ Wahm	to Applicant—To Be Completed by	the IRS	0
date of otherwi	we approved this application. Please attach this form to the organization's return. we not approved this application. However, we have granted a 10-day grace period the organization's return fincluding-any prior extensions). This grace period is consi ise required to be represented in the property return. Please attach this form to the organization of approved this application. After considering the reasons stated in item 7, we we are not granting a 10-day grace period.	oered to be a valid ext on's return.	ension of time for elections
to file. We can Other	a a a a a a a a a a a a a a a a a a a		
23 00.01	OGDEN, UT		
Director	8y:		
Alternate N	Tailing Address — Enter the address if you want the copy of this applicat an address different than the one entered above.	ion for an addition	
	Name		變 第 第
Type or print	Number and street (include suite, room, or apt. no.) Or a P.O. box number		10 10 10 10 10 10 10 10 10 10 10 10 10 1
	City or town, province or state, and country (including postal or FIGE C	FIVED	
			Fon 36 30 (12-2000)
The same of the same of	NOV	0 s 2002	110,5000)

ATTORNEY GENERAL CHARITABLE TRUST