

CO # 0115611

Form AG890-IL
Revised 3/85

CHARITABLE ORGANIZATION SUPPLEMENT

Attorney General JIM RYAN State of Illinois
Charitable Trust and Solicitation Division, 100 West Randolph Street, 12th Floor, Chicago, IL 60601

REPORT FOR THE FISCAL PERIOD BEGINNING: MO DAY YR
ARE CONTRIBUTIONS TO ORGANIZATION TAX DEDUCTIBLE? Yes No

AND ENDING: MO DAY YR

LEGAL NAME: Three Angels Broadcasting Network, Inc.
MAIL ADDRESS: P. O. Box 220
ADDRESS: 3391 Charley Good Rd.,
CITY, STATE: West Frankfort, IL
ZIP CODE: 62896

FEDERAL ID NUMBER: 37-1179056
DATE ORGANIZATION WAS CREATED: MO DAY YR
A) ASSETS: 6,124,985
B) LIABILITIES: 394,385
C) ENDING FUND BALANCE: 5,730,600

I. SUMMARY OF REVENUE ITEMS DURING THE YEAR: (partial)
D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERV. REV. (GROSS AMTS.)
E) GOVERNMENT GRANTS & MEMBERSHIP DUES
F) OTHER REVENUES
G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E & F)

PERCENTAGE	AMOUNT
93.6%	D) 519,206
%	E)
6.4%	F) 35,238
100%	G) 554,444

II. SUMMARY OF EXPENDITURES DURING THE YEAR:
H) OPERATING CHARITABLE PROGRAM EXPENSE
I) EDUCATION PROGRAM SERVICE EXPENSE
J) GRANTS TO OTHER CHARITABLE ORGANIZATIONS
K) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURES (ADD H, I & J)
L) MANAGEMENT AND GENERAL EXPENSE
M) FUNDRAISING EXPENSE
N) TOTAL EXPENDITURES THIS PERIOD (ADD K, L & M)

PERCENTAGE	AMOUNT
70.0%	H) 203,933
%	I)
%	J)
70.0%	K) 203,933
29.1%	L) 83,500
%	M)
100%	N) 287,532

III. SUMMARY OF PAID FUNDRAISER ACTIVITIES DURING THE YEAR:
(Attach Attorney General Report of Individual Fundraising Campaign)
O) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISER
P) TOTAL FUNDRAISER FEES AND EXPENSES
Q) NET RECEIVED BY THE CHARITY (O MINUS P=Q)

100%	O)
%	P)
%	Q)

IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:
R) NAME, TITLE: Clarence Larson - Chief Engineer
S) NAME, TITLE: Danny Shelton - President
T) NAME, TITLE: Linda Shelton - Vice President/Secretary

R)	3,462
S)	3,284
T)	3,151

V. CHARITABLE PROGRAM DESCRIPTION:
CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES (List on back side of instructions):
U) DESCRIPTION: Religious Television Production & Broadcasting
V) DESCRIPTION:
W) DESCRIPTION:

CODE
U) 021
V) *
W) *

IF THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:

1. WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?
2. HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?
3. DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS OR DIRECTORS OWNS AN INTEREST OR WAS A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS DIRECTORS, TRUSTEES, OR OFFICERS HAS A MATERIAL FINANCIAL INTEREST OR DID ANY OFFICER OR DIRECTOR RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?
4. HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?
5. IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?
6. DID THE ORGANIZATION ALLOCATE THE COST OF ANY MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?
7. DID THE ORGANIZATION LEND FROM RESTRICTED FUNDS TO ITS UNRESTRICTED FUNDS FOR PURPOSES OTHER THAN THEIR RESTRICTED PURPOSES?
8. HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION SUSPENDED OR REVOKED?
9. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER?
10. DO YOU HAVE ANY KNOWLEDGE OF ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?
11. LIST THE NAME AND ADDRESS OF THE BANKS, AND THE ACCOUNT #, WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST AMOUNTS:

YES	NO
	Y
	Y
	Y
	Y
	X
	Y
	Y
	Y
	Y
	X
	X

Community National Bank - Galatia, IL
First Bank - West Frankfort, IL

12. NAME AND TELEPHONE NUMBER OF CONTACT PERSON: Joan E. Russell (618) 627-4651 X3019

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS SUPPLEMENT AND THE ACCOMPANYING REPORT, INCLUDING ALL THE SCHEDULES AND STATEMENTS AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

SUBSCRIBED AND SWORN
 TO BEFORE ME, THIS _____
 DAY OF _____, 19____

 (NOTARY PUBLIC)

Danny Shelton
 PRESIDENT or TRUSTEE (PRINT)
Joan Russell
 TREASURER or TRUSTEE (PRINT)

36
 TE
 96
 TE

*** (NOTARIZATION REQUIRED UNDER TRUST ACT ONLY) ***

SIGNATURE OF PREPARER (PRINT NAME) SIGNATURE DATE