Office Use Only ILLINOIS CHARITABLE ORGANIZATION AN	NIIAI REDOR	Form AG990-IL
Attorney General JIM RYAN State of	f Illinois	Revised 4/99
Charitable Trust Bureau, 100 West Ra	andolph W	01031045
3rd Floor, Chicago, Illinois 6060		# 01031945
Report for the Fiscal Period:		Check all items attached: Copy of IRS Return
Beginning / /	Payable to	Audited Financial Statements Copy of Form IFC
12 31 2000		\$15.00 Annual Report Filing Fee \$100.00 Late Report Filing Fee
Federal ID # 371179056 G ETIGHTS MO DAY YR	*	MO DAY YR
Are contributions to the organization tax deductible? Yes No	ate Organization v	was created: 03 / 01 /1985
LEGAL THREE ANGELS BROADCASTING NETWORK.	Year-end amounts	
NAME 3391 CHARLEY GOOD RD MAIL P O BOX 220	A) ASSETS	A) \$ 33,453,889
ADDRESS WEST FRANKFORT, IL 62896	B) LIABILITIES	B) \$ 19,728,263
CITY, STATE	C) NET ASSETS	C) \$ 13,725,626
ZIP CODE		
I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:	PERCENTAGE	AMOUNT
D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	98 %	D) \$ 11,166,352
E) GOVERNMENT GRANTS & MEMBERSHIP DUES	%	E) \$
F) OTHER REVENUES	2 %	F) \$ 233.415
G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D.E. & F)	100%	G) \$ 11,399,767
II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:		
H) OPERATING CHARITABLE PROGRAM EXPENSE	60 %	H) \$ 6,141,844
I) EDUCATION PROGRAM SERVICE EXPENSE	%	1) \$
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	60 %	J) \$ 6,141,844
J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J): \$		
K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	%	K) \$
L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	60 %	L) \$ 6,141,844
M) MANAGEMENT AND GENERAL EXPENSE	40 %	M) \$ 4,089,676
N) FUNDRAISING EXPENSE	%	N) \$10,231,520
O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)	100 %	O) \$
III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES		
(Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR. PROFESSIONAL FUNDRAISERS:	FOLD LIST OF STATE OF	
P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISE CEIVE	100 %	P) \$
Q) TOTAL FUNDRAISERS FEES AND EXPENSES NUV 2 7 2001	%	Q) \$
R) NET RECEIVED BY THE CHARITY (P MINOS Q-R)	<u></u> %	R) \$
PROFESSIONAL FUNDRAISING CONSULTANTS: ATTOMPTY GENER S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS REFEREDS	AL. ET	S) \$
IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE Y	· -	
T) NAME, TITLE: Danny Shelton, President		T) \$ 53,365
U) NAME, TITLE: Linda Shelton, Vice President	•	U) \$ 47,453
V) NAME TITLE: Moses A Primo, Engineer		V)\$ 40,747
V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPEND	NED) CODE CATEGORIES	List on back side of instructions CODE
~ 1	DED) CODE CATEGURIES	w)#
W) DESCRIPTION: X) DESCRIPTION:	· · · · · · · · · · · · · · · · · · ·	X) #
Y) DESCRIPTION:		Y) #

IF THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:					1
	1.	WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?		Х	
	2.	HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MIDSDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?		X	NAME OF TAXABLE PARTY O
	3.	DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION? 3.		Х	MACHINE WAS STREET, SOME
	4	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?4.		Х	SHYMMAN
	5 .	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?		X	THE PERSONAL PROPERTY.
	6.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC) 6.		X	
	7a.	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES? 7.		X	SES.
	7b.	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 \$			The State Consideration
	8.	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?		X	SCHOOL STATE
	9.	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?		X	#30 m
	10.	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?	20026	X	Sharen.
11. LIST THE NAME, ADDRESS AND THE ACCOUNT # OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS: Community National Bank, Galatia, IL, Acct First Bank, 110 N Jefferson, West Frankfort, IL Acct					
		Merrill Lynch, 3750 University Ave, Riverside, CA, Acc			
	12.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: David Carson 618-627-4651 x 3019			7
	ALI	L ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS			۷
41 TF ST	ND T RUE FATE	R PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUMED THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS AND THE FACTS THEREIN STAND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE RIBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.	TATED	O ARE	=
1.) 2.)	REF MOI REF GRE \$15. REF INC	RE TO INCLUDE ALL FEES DUE: PORTS ARE DUE WITHIN SIX NTHS OF YOUR FISCAL YEAR END. PORTS WITH ASSETS OR REVENUES EATER THAN \$15,000 MUST SUBMIT .00 FILING FEE. PORTS THAT ARE LATE OR OMPLETE ARE SUBJECT TO A 0.00 PENALTY. DANN Shelton PRESIDENT OF TRUSTEE (PRINT NAME) TREASURER OF TRUSTEE (PRINT NAME) TREASURER OF TRUSTEE (PRINT NAME) RE	סג/ו ג/וו ב/וו	TE,	/
		PREPARER (PRINT NAME) SIGNATURE	DA	ΛΤΕ	